

Submission  
No 28

**INQUIRY INTO MODERN SLAVERY RISKS FACED BY  
TEMPORARY MIGRANT WORKERS IN RURAL AND  
REGIONAL NEW SOUTH WALES**

**Organisation:** Wagga Women's Health Centre Inc

**Date Received:** 28 February 2025

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## **WWHC submission to the Inquiry into Modern Slavery Risks Faced by Temporary Migrant Workers in Rural and Regional NSW**

Wagga Women's Health Centre (WWHC) is a not-for-profit community-based organisation providing trauma-informed, holistic health services for women in Wagga Wagga and surrounds. With a strong focus on gender-based violence, women's reproductive health, advocacy, and community education, WWHC is uniquely positioned to provide insights into the modern slavery risks faced by temporary migrant workers in rural and regional NSW, particularly regarding access to reproductive health services.

This submission addresses the following Inquiry Terms of Reference:

- **(b)** Gender-based violence and sexual servitude
- **(h)** Support and resources needed by local communities and service providers
- **(j)** Access to medical care and essential services

### **Issue: Barriers to Reproductive Health Access for Temporary Migrant Women**

Temporary migrant workers, particularly women in agriculture, horticulture, and meat processing, face significant barriers when accessing reproductive health services in the Riverina region. These barriers contribute to their vulnerability to exploitation and gender-based violence, with clear intersections with modern slavery practices.

Workers in the Riverina region are often engaged through the Pacific Australia Labour Mobility (PALM) scheme. A report provided in November 2024 by the Immigration Advice and Rights Centre (IARC) referenced the PALM program as 'a breeding ground for modern forms of slavery', with restrictive visa settings being at the root of many cases of exploitation. The report outlines how 'PALM workers are not allowed to leave their employer without approval from the Department of Employment and Workplace Relations (DEWR). These employers are allowed to make deductions from the wages of PALM workers, which means they are sometimes left with just \$100-\$200 per week.'

These restrictive visa settings and processes can be further exacerbated for women who are also vulnerable to exploitation, gender-based violence and discrimination.

Outlined below are several key barriers for female temporary migrant workers in regional NSW:

1. Fear of repercussions:
  - Many migrant women report fear of employer retaliation or visa complications if they seek medical care or report incidents of domestic and family violence, or sexual violence.

2. Geographic isolation and limited health services:

- Women across the Murrumbidgee region have limited access to specialised reproductive health services, including contraceptive care, abortion services, sexually transmitted infection (STI) screening, and trauma-informed support for victim survivors of sexual violence.
- Access to Medicare: many temporary migrants, who are ineligible for Medicare, are reliant on fee-paying health services. Unfortunately, many workers do not have disposable income and cannot afford these out-of-pocket costs. Moreover, many private insurance policies, especially the more basic plans, overlook women's health services which further limits their access to essential care.
- Access to Abortion services:
  - Medical Termination of Pregnancy (MToP) – limited number of practitioners providing MToPs; significant financial cost for the procedure; cultural stigma.
  - Surgical Termination of Pregnancy (SToP) – No SToPs conducted in the Riverina region; Women are forced to travel to Queanbeyan (NSW), Sydney, or, Melbourne (VIC), and incur the additional travel and accommodation costs; women who are primary carers also need to find care for their children or must bring the children with them; several bulk-billing eligibility requirements – otherwise significant fees apply.

3. Contractual and work implications of pregnancy:

- In most PALM workers contracts, there is a clause that indicates the contract is void should the worker become pregnant. This also means that any health insurance maintained in relation to the contract is at risk at the time a woman on the scheme becomes pregnant. Without either access to Medicare or private health insurance, many women are forced to manage their pregnancy in community without professional care or oversight. In our experience many of these women are seeking safe terminations, unable to access them and are forced to continue the pregnancy.
- Unwanted or children born in community without formal social and medical supports are then vulnerable to further abuse or may become 'ghosts' in the system.

4. Cultural and language barriers:

- Cultural stigma surrounding reproductive health in some communities can deter women from seeking care.
- Limited availability of culturally safe, multilingual services exacerbates this issue.

Outlined below are a number of recommendations that WWHC believes would better support female temporary migrant workers in our region:



1. Increase/support access to trauma-informed reproductive health services:
  - Fund and establish specialised reproductive health clinics in Wagga Wagga, Griffith and other key agricultural hubs across the Riverina.
  - Support the development of a proposed Pelvic Health Clinic at WWHC, which would offer accessible, confidential, trauma-informed care to all women, reducing barriers for temporary immigrant workers.
  - Allow Medicare access for temporary migrant workers (e.g. PALM scheme).
2. Review of PALM legislation making it illegal to void a contract should a worker become pregnant. Additionally:
  - Increase accountability of the agencies and employers on providing adequate accommodation, access to supports locally and health services in line with human rights conventions and Australian laws.
3. Cultural competency and language support:
  - Provide resources to train interpreters and health professionals in trauma-informed, culturally competent care.
  - Develop partnerships with community organisations to deliver educational sessions and/or resources in multiple languages.
4. Community education and awareness:
  - Implement educational programs and resources on reproductive rights and available health services in rural and regional towns in multiple languages.
  - Collaborate with agricultural and other migrant employers to ensure women have safe access to care, without fear of retaliation.
5. Interagency collaboration:
  - Improve coordination between local health services and community organisations, immigration authorities, and law enforcement to safeguard the reproductive health and overall wellbeing of temporary migrant workers.
6. Further investigation / advocacy
  - Undertake a regional consultation regarding access to and provision of abortion services (consultation to include NSW Health, MPHN, GPs, private practitioners, women's health specialists)

Addressing these systemic barriers will significantly reduce the vulnerability of temporary migrant women to modern slavery practices and improve community wellbeing in regional NSW.

The Wagga Women's Health Centre would welcome the opportunity to have this submission published (with name included) and/or to give further evidence at a hearing.

You can contact:

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