

**Australian Red Cross Supplementary Questions and Questions Taken on Notice:
Inquiry into modern slavery risks faced by temporary migrant workers in rural and
regional NSW (response submitted 29 May 2025, following the hearing on 30 April 2025)**

PUBLIC VERSION - 13 June 2025

Overview

Australian Red Cross thanks the NSW Parliamentary Committee on Modern Slavery for its invitation to participate in the hearing for the *Inquiry into modern slavery risks faced by temporary migrant workers in rural and regional NSW*, on 30 April 2025. Please find below responses to the following supplementary questions asked after our appearance at the hearing, and responses to the additional question taken on notice:

- (a) What limitations do you see in the Support for Trafficked People Program (STPP) when applied in rural NSW — and how could NSW health or legal systems fill those gaps?
- (b) You propose expanding access to NSW services for temporary visa holders. What would a “safe access” model look like in practice?
- (c) Could you describe one or two examples where cross-agency coordination failed and resulted in harm to a victim-survivor?
- (d) What role do you see for local councils or health districts in responding to referrals of suspected trafficking in their communities?

Responses in detail

(a) What limitations do you see in the Support for Trafficked People Program (STPP) when applied in rural NSW — and how could NSW health or legal systems fill those gaps?

The Support for Trafficked People Program (Support Program) is an Australia-wide program, and can and does support people in regional and rural areas. In Australian Red Cross’ experience, people who are at risk or who have experienced modern slavery in regional and rural areas face particular barriers and challenges to accessing support and services which the NSW health and legal systems can have a role in addressing. The main limitations are people who are potential victim-survivors of modern slavery not being identified and therefore not being informed about, and afforded access to, the supports available, and Support Program clients residing in regional and rural areas facing challenges accessing appropriate and needed services.

People cannot access support if first responders are not recognising the signs of modern slavery or are not aware of the referral pathways to the Support Program. Embedding mandated training for all NSW health and legal systems staff across the state – including health and hospital staff, child protection services staff, police, community legal centre staff, and workplace health and safety regulators – will increase their awareness about the risk indicators, complexity of needs, and pathways for accessing help. Equipping NSW and local government personnel to better understand and respond to modern slavery requires ongoing investment in training and capacity building, with refresher training, mentoring, peer support or debriefings.

People accessing the Support Program who live in regional and remote areas also face barriers accessing suitable, sustainable and appropriately resourced and equipped support services. Some of these challenges are highlighted in the examples provided in response to questions

(b), (c) and (d) below. Two further challenges limiting the efficacy of the Support Program that NSW health and legal systems could address, are timely access to replacement or new identity documents, and increased mental health services in regional areas.

Timely replacement and provision of identity documents reduces barriers to accessing critical services

As evident in the experience of clients on the Support Program, part of the control and abuse victim-survivors experience is being deprived of their passport and other personal identity documents. In addition to this limiting their independence and restricting their ability to seek help, when they do seek help it creates a barrier to accessing services where proving identity is a requirement. For example, opening a bank account, accessing healthcare or purchasing a mobile phone service.

The impacts of not having identity documents continues for clients on the Support Program who experience challenges when trying to retrieve, replace or obtain passports, licences, photo identity and ImmiCards. Australian Red Cross and other support services are sometimes able to facilitate expeditious replacement of documents; however this is not always the case. For example, when the person cannot contact their consulate for safety reasons (and have often been advised not to by law enforcement).

If Service NSW appointed a contact point or established a priority process for victim-survivors of modern slavery to be supported to access replacements or copies of state identity documents, and this could be done in a timely manner and with minimal administrative burden, this would expedite victim-survivors' access to essential services.

Access to therapeutic support

Support Program clients living in regional and rural areas often face long waiting periods or barriers to accessing therapeutic support. This can be due to long waiting periods to see a General Practitioner to obtain a mental health plan, challenges finding a psychologist willing to provide telehealth services, long waiting lists or restrictive eligibility criteria for specialised mental health services based in regional areas, and services not willing or able to use interpreters. Access to therapeutic support is a crucial component of many victim-survivors recovery journeys and this requires appropriately equipped and resourced mental health services that are flexible to meet the needs of migrant workers and temporary visa holders who have experienced modern slavery.

Other considerations

Red Cross has also experienced challenges with procuring qualified interpreters – in some cases there are so few interpreters for particular languages that people are either not able to access the service when needed or are refusing interpreters because they are concerned about their privacy. Clients and regional staff have also reported challenges with mobile phone and internet reception in regional and remote areas – this both isolates people and prevents them from being able to seek information and help and makes it challenging for people to organise and access supports. Further, safe and appropriate housing is foundational and critical to victim-survivors stability and recovery journeys and is compounded when clients have the housing needs of children to consider. Lack of housing access can be a significant push factor

for victim-survivors back into dangerous and exploitative situations – housing agencies need to be more accessible and cognisant of the impacts of modern slavery and the risks that barriers to housing presents, and coordinate with other agencies and the broader modern slavery sector to provide better outcomes.

(b) You propose expanding access to NSW services for temporary visa holders. What would a “safe access” model look like in practice?

Consideration on a particular model should ensure the model is co-designed with the community and the workers impacted. It requires the NSW Government to understand from temporary migrant workers and the local communities what are the specific supports and resources needed by local communities and service providers to prevent modern slavery. It would also be helpful to survey whether existing legal, employment, community and support services and programs targeted to other migrant communities could be extended to all temporary migrant workers.

From Red Cross’ perspective, elements to consider in such a model could include:

1. Accessibility:

Welcoming, culturally appropriate, accessible, suitable and sustainable services that take into consideration the specific context of migrant communities, their language barriers, the sometimes-limited literacy, the remoteness of workers’ place of living, the limited connectivity and isolation, and be available irrespective of their visa conditions.

Red Cross has observed how people travel long distances, sometimes for hours, to get to a Centrelink Office to seek support. However, the type of support that is provided can be minimal if they are not eligible for a Centrelink Payment. In the majority of circumstances, it is limited to a paper form to apply for Status Resolution Support Services (SRSS) in English, without taking into consideration literacy, language barriers or whether the person may be able to come back another day to return the form and commence the process of eligibility.

2. Capacity to understand/navigate existing services

Formal support on understanding and navigating essential services in rural and regional areas is very limited, opening the door to unscrupulous agents to take advantage of migrant workers offering and promising false access to different services. For example, agents charging between \$200-400 for applications to Medicare or for a Tax File Number when they are not eligible to Medicare and do not need this type of document; ‘migration agents’ charging workers \$800-\$1000 for migration advice and support in lodging applications for visas without the appropriate documentation.

3. Availability of services

The NSW Government can review and explore temporary migrant workers and temporary visa holders’ access to essential services such as transport, health and housing, particularly when:

- they hold bridging visas with no work rights pending ministerial intervention;
- they are formally identified as victims of modern slavery by either the Australian Federal Police or the Additional Referral Pathway; or

- when they have civil claims pending resolution.

For example, consideration can be given to extending eligibility to NSW government and social housing, NSW Oral Health care, NSW Mental Health clinics; waiving NSW ambulance fees; exemption from NSW Government Temporary Residents Program school fees; access to EnableNSW resources; transport concession- gold Opal Cards.

Red Cross also supports the approach recommended by the NSW Anti-Slavery Commissioner to set up regional migrant hubs that serve as central points for all migrant workers⁶ to access a range of culturally appropriate services, legal, social, employment as well as training and education. These hubs can be considered and established as a one stop shop solution, where advice, referrals and assistance are provided.

(c) Could you describe one or two examples where cross-agency coordination failed and resulted in harm to a victim-survivor?

Better Cross Agency Coordination of Federal and State Policing

Victim-survivors of modern slavery often need to navigate multiple criminal justice processes, with both State and Federal Police. A lack of cross-agency collaboration and protocols informing how the Australian Federal Police (AFP) and NSW Police work together, and support victim-survivors of modern slavery can result in re-traumatisation, uncertainty and sub-par outcomes for clients on the Support Program.

Case example redacted for public version

Legal and Victims Services

Effective, trauma-informed and coordinated state based legal agencies and victims of crime support schemes have the potential to make a significant impact in supporting victim-survivors of modern slavery. However, currently a lack of multijurisdictional coordination can lead to victim-survivors having to be referred to multiple agencies and legal services to have success in victims of crime claims.

Case example redacted for public version

Child Protection

Another example that Australian Red Cross considers of interest to the Committee is the lack of a coordinated response with child protection agencies, including Support Program clients. Child Protection agencies have a key role to play in managing children and young people's safety and security however these agencies are not part of the Operational Working Group (a subcommittee of the Interdepartmental Committee on Human Trafficking and Slavery) and are only engaged on an ad-hoc basis. Further, there is no agreement in place between the Commonwealth agencies and the NSW Department of Communities and Justice (DCJ) setting out clear roles and responsibilities in responding to safety and security risks, and preventing the further harm of young people at risk of or who have experienced exploitation, including forced marriage, and their interaction with Commonwealth agencies.

Australian Red Cross has experienced DCJ's often limited involvement when Support Program clients are 16/17 years old at risk of forced marriage, particularly when they remain in their family home. Sixteen and 17-year-olds are rarely prioritised as these young people are considered independent and seen as being able to self-place outside of their family homes without the involvement of a statutory agency. Accommodation placements for these young people are often challenging to source when DCJ is not involved. In certain circumstances, this lack of involvement may result in young people being exposed to heightened situations of domestic and family violence, excessive control and remaining within or returning to an unsafe family environment.

(d) What role do you see for local councils or health districts in responding to referrals of suspected trafficking in their communities?

From Red Cross' experience, local councils can play a very important role in the integration of temporary migrant workers in communities. Establishing initiatives such as welcoming committees, enhancing support networks, connecting employers with community services and local groups (e.g. churches, sports clubs and youth initiatives), and providing local, ongoing support to address matters that migrant workers experience daily, may reduce isolation, lack of awareness of laws and systems in Australia and may reduce exploitation.

Councils can also play a pivotal role in assessing and periodically monitoring accommodation for migrant workers, ensuring certain levels of hygiene and safety.

Local Health Districts have an important role in identifying indicators of modern slavery and providing referral pathways and avenues of support. For many people experiencing modern slavery, presentation to an emergency department may be the only opportunity they have to be identified as a potential survivor of modern slavery. A number of people referred to the Support Program initially presented to emergency department and other health professionals who recognised indications of modern slavery and knew how to respond safely. Other clients have told us about missed opportunities – for example, one client who had her movements controlled by her perpetrator and had very few opportunities to ask anyone for help, said that when she visited the health setting, if the doctor had asked the perpetrator to leave the room when they conducted a medical exam, she would have asked for help.

However, in many circumstances, the first conversation people have with the health service is about payment and Medicare. This may prevent people from engaging with the service and leave them without the support they require. Adopting a no wrong door approach, Local Health Districts may serve as a conduit to connect migrant workers who present with indicators of modern slavery with appropriate services and, in turn, reduce the risk of further exploitation.

Local Health Districts may also play a role in promoting telehealth and phone consultations whenever possible and facilitating the use of interpreters. Temporary migrant workers that have presented to Red Cross have reported that psychologists are usually very reluctant to support them virtually, especially if they have not had the opportunity to meet them in person for the first appointment. This limitation together with the prolonged waiting times to get a General Practitioner appointment and the affordability of it, result in a limitation to timely mental health support.

Additional Information requested during the hearing

Other forms of modern slavery and high-risk sectors in regional and remote NSW

In the Hearing, the Deputy Chair enquired about whether there are sectors and forms of modern slavery related harm happening in regional and remote NSW that have not been the focus of this inquiry: Servitude, deceptive recruitment and forced marriage are forms of modern slavery that also affect temporary migrants in regional and remote areas. People working in un- or under-regulated sectors may also be in unsafe and exploitative working conditions and are more likely to not be receiving the right rates of pay or other workplace entitlements, such as superannuation.

Programs to improve identification and access to services and to equip frontline agencies to respond to modern slavery in regional and rural areas must be tailored to and target people in or at risk of all forms of modern slavery related harm and all sectors where there is a high risk of worker exploitation. Such efforts must take into account the often-invisible nature of servitude and outwork, and the vulnerabilities and risks migrants face when working behind closed doors, in a private space and dependent on employers or intimate partners or family for both visa regularisation and basic humanitarian needs such as food and accommodation.¹

People at risk may interact with local community or government services, such as NSW Health and hospital staff, and this may be that person's only opportunity to leave their situation or find out where they can get advice and support. This is why it is critical to raise general community awareness of modern slavery, and to build capacity of frontline workers to know and be confident in identifying the risks to modern slavery and indicators of severe exploitation and how to provide a safe response and where to refer people for support.

Australian Red Cross has received referrals to the Support Program for people who have experienced or are at risk of forced marriage in regional and remote areas in NSW. We have also supported people (mostly women) who have presented to our NSW regional offices for support where there are indications that they may have experienced or be at risk of forced marriage. While the numbers are too small to report here, there is concern that suspected cases of forced marriage in regional areas are not being identified and referred for appropriate support, including by migration agents and lawyers who may come into contact with people at risk of forced marriage on partner visas who need advice and support around applying for assistance and protection. It is therefore essential that state-based modern slavery awareness raising and prevention initiatives also include education related to forced marriage.

Gender-based violence

We note also the importance of understanding the interconnections between modern slavery and gender-based violence. People who have experienced a form of modern slavery related harm, in particular forced marriage and servitude in family and domestic settings, have often also experienced abuse and exploitation by their intimate partners or members of their immediate or extended family, resulting in physical, sexual and psychological harm.

¹ Australian Red Cross, *Exploring challenges and opportunities to improve identification of and support for people subject to trafficking in regional Australia: Report for the National Roundtable on Human Trafficking and Slavery* (2018).

Many clients on the Support Program have experienced gender-based violence and are often at ongoing risk of it in some form. We also know that gender-based violence increases individuals' vulnerability to exploitation and modern slavery, and there are several recent studies documenting migrants on temporary visas experience of gender-based violence, including in the workplace.²

An intersectional approach is required to appropriately address the needs of temporary visa holders experiencing, or at risk of, gender-based and complex forms of violence, including modern slavery. For example, for temporary visa holders, coercive control can present with the additional complexity of harm through migration-related abuse, in the form of threats of deportation, sponsorship withdrawal, and/or threats of child removal.³

Between May 2021 and June 2024, Australian Red Cross provided support through the Temporary Visa Program (Family and Domestic Violence) to 8,892 people on temporary visas experiencing family and domestic violence.⁴ This included 1516 people residing in NSW, 432 of whom lived in regional and remote areas. Over 92% of primary applicants were female, 54% with children, and at least 3% of clients reported violence that was not from an intimate partner. Some of the clients accessing this program were referred from or to the Support Program and had therefore also experienced a form of modern slavery. The program comprised casework support and cash assistance that has primarily addressed people's housing, food, transport, utilities and medical treatment needs – all services accessed at the local and state level, again highlighting the critical role that local and state services play in providing services to people experiencing vulnerability.

This program also highlighted the importance of a safety net for people at risk or experiencing abuse and exploitation. People who accessed support reported improvement in their knowledge and access to information, in their housing situation, as well as in their experience of the impact of immediate crisis.

Support for Trafficked People Program Data

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² See for example: Unions NSW, *Disrespected, Disregarded, and Discarded, Workplace exploitation, sexual harassment, and the experience of migrant women living in Australia on temporary visas* (2024); ANROWS, Segrave, *Migrant-and-refugee-women-in-Australia. A study of sexual harassment in the workplace*; National Advocacy Group on Women on Temporary Visas *Experiencing Violence* (2022); *Blueprint for Reform: Removing barriers to safety for victims/survivors of domestic and family violence who are on temporary visas*.

³ Segrave, M, *Temporary migration and family violence: An analysis of victimization, vulnerability, and support*. Melbourne: School of Social Sciences (2017), Monash University.

⁴ Australian Red Cross, *Temporary Visa Holders Experiencing Family and Domestic Violence Pilot Report of key findings* (2024) [temporary-visa-holders-experiencing-family-and-domestic-violence-pilot-october-2024.pdf](#)