

Modern slavery risks faced by temporary migrant workers in rural and regional NSW

Hearing – 11/12/2025

Questions on Notice

QUESTION 1 – Page 17

[Dr Joe McGirr]

The CHAIR: We do have limited time. I'm just going to put on notice – you mentioned a consultation with 40 stakeholders. Has that been published? Is there any information in relation to the results of that? You also then had a number of other documents that had been developed. Are they available and can we request those?

VALERIE DELPECH: I think they would be available. I can certainly require them from the NSW Health STIPU group. They haven't been published as such, but I think the summary of the findings and the work plan are available and can be made available to the inquiry.

ANSWER

From July to October 2024, the Health's NSW STI Programs Unit (STIPU) contacted all PALM scheme employers and conducted more than 40 consultations with PALM-approved employers and key stakeholders. These included Country Liaison Officers, Community Connections workers, and the NSW Council for Pacific Communities. The consultations aimed to better understand on-the-ground needs and inform the development of a NSW Health sexual and reproductive health internal workplan to improve the sexual and reproductive health of PALM scheme workers in NSW.

The findings from these consultations will not be published as many discussions were undertaken in confidence. A key issue identified was the limited availability of accessible health services in regional areas. Consultations also highlighted a range of socio-structural barriers, including limited awareness of available services, transport challenges, language barriers, fear of stigma, cost, and limited cultural responsiveness within health services, such as the lack of in-person interpreters.

The documents that were mentioned are attached.

- [NSW Health PALM Sexual and Reproductive Health Website Page](#)
- [NSW Health PALM Education Package](#)

QUESTION 2 – Page 18

[Jenny Leong]

Ms JENNY LEONG: Just to clarify, if someone finds themselves in a situation where they have a need for emergency health care, then they're not required to pay up-front costs or they are before they're seen – like they rock up to emergency with an injury that's not about pregnancy or reproductive health?

VALERIE DELPECH: I would have to take that on notice to see exactly what happens. We've looked at our data very briefly to see the number of attendances from the countries that the PALM scheme covers, and Medicare – non-eligible. That could cover a number of visas, and the information is not great. But we know that just over the last three financial years we've had over 1,000 attendances to emergency departments in this region – as I said, it could be an overestimate – with a doubling in that increase. We do need to understand that better. We need to look at the funding processes. That's something I haven't taken on yet with my colleagues.

Ms JENNY LEONG: If you could get back to us and take that on notice.

VALERIE DELPECH: Absolutely.

Ms JENNY LEONG: What I'm imagining is a scenario where someone rocks up to an emergency department and they're in need of emergency treatment. Are they required to get out and tap their card before they're able to be treated? What does that process look like in terms of the steps in the public health system? To the evidence that we heard previously, in relation to these specific types of support being given for certain types of care, if someone is pregnant and requires care of any reproductive nature — or, indeed, pregnancy care — what are the requirements around that and how is that undertaken? It would be really good to understand what those processes are from NSW Health's perspective.

VALERIE DELPECH: I think it will vary for the local health district, but I will come back to you on that.

ANSWER

NSW public hospitals provide emergency care without delay, regardless of a person's visa status, Medicare eligibility, or capacity to pay. No upfront payment is required prior to emergency treatment, and care is not withheld where a patient cannot provide identification, visa details, or proof of Medicare eligibility at the time of presentation.

For Medicare-ineligible patients, relevant details may be collected after treatment for administrative and billing purposes, consistent with the NSW Health policy directive *Charging Arrangements for Hospitals and Other Health Services* (PD2022_024).

For non-emergency presentations, NSW Health requires confirmation of Medicare eligibility prior to treatment. Under the policy, Medicare-ineligible patients are chargeable for services unless an exemption applies, and must be informed of applicable fees and provide informed financial consent. In most cases, payment or assurance of payment is required prior to treatment, including for outpatient services.

Where appropriate, patients may be referred to community-based or non-government services. Patients experiencing financial hardship may apply for a fee waiver in accordance with NSW Health policy.

QUESTION 3 – Page 20

[Lynda Voltz]

Ms LYNDA VOLTZ: I just want to ask one other question about the person who was deported. Could you maybe take this on notice? Obviously, they must have been off a visa. I don't know if you have access to how long they were off a visa — I assume it was a PALM worker — and how long they'd been disengaged. Because if they came in late-term pregnancy —

VALERIE DELPECH: We can take that on notice.

ANSWER

Due to patient privacy and confidentiality, this information cannot be disclosed.

QUESTION 4 – Page 20

[Greg Donnelly]

The Hon. GREG DONNELLY: I am conscious of the time. That's not anyone's fault. I'd like to have you for another half an hour, but time is pressing. I'll probably put some of my questions as supplementary questions, which, if you agree, will be dealt with after the hearing. But whilst you're here, my questions will take just a couple of minutes. The terminology "a hardship form" in the context of going to the Coffs Harbour hospital and

seeking care via a hardship form, that's obviously a vernacular phrase. What is the official name for a hardship form? Are you able to say, or can you say on notice?

VALERIE DELPECH: I'll take that on notice.

ANSWER

The name of the form is the *Financial Hardship Application*.

QUESTION 5 – Page 20

[Greg Donnelly]

The Hon. GREG DONNELLY: Yes, which begs the question about the reasons why maternal support and care are being dealt with in the context of an essential health service. But that's a separate discussion. Thank you. That's very valuable evidence you've provided. But with respect to the matter of the PALM workers, what about those who fall, dare I say, outside or underneath the formal PALM scheme program and present at the hospital for maternal support, for example? In other words, a pregnant woman turns up, with or without an accompanying person et cetera. How is that dealt with? It's confirmed up-front that they're not part of the PALM scheme but they just present – how is that generally dealt with?

VALERIE DELPECH: I would have to take that on notice.

ANSWER

All individuals who present to the Emergency Department, regardless of Medicare or insurance cover are treated for acute health conditions in alignment with NSW Health's statewide mandatory ED triage policy (PD2024_040), which requires that all emergency presentations are assessed and treated according to clinical urgency, as well as the NSW Health Emergency Care framework mandating universal access to safe and timely emergency treatment.

With regard to fees related to all health interventions including community, antenatal and hospital, individuals no longer on the PALM Scheme are assessed the same way as any other Medicare ineligible or overseas visitor under the NSW Health Fees Procedure.

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Supplementary questions

QUESTION 1

Example Scenario: PALM worker/temporary migrant worker/undocumented worker goes to the Emergency Department for an emergency. Can you please provide information on how, in this example, this person would be treated in the public health system: would they be required to pay up front costs before treatment? Would they be required to provide any form of ID or Visa; Are non-eligible persons referred onto another service? What would the policy and process be for a non-emergency presentation?

ANSWER

Please refer to the responses provided to the Questions on Notice on pages 18 and 20 of the transcript from this hearing.

QUESTION 2

Dr VALERIE DELPECH, you mentioned in your testimony that there is a NSW Group that is addressing some of the issues which have been previously flagged by various LHD's regarding inadequate and unsafe living conditions for PALM workers. Can you please provide more information on this group including the groups remit and processes in terms of reporting these cases. Who are the members of this group, from what Departments are these members from? Can referrals be made to this group? Of reports that have been made from this group regarding cases in the past, can you please provide information on these specific cases. Please provide any contact details for the group.

ANSWER

The STI Programs Unit (STIPU) is part of the NSW Ministry of Health's Centre for Population Health. STIPU focuses on improving sexual and reproductive health for workers in the PALM scheme throughout NSW. This includes offering guidance on using the Australian healthcare system, staying healthy while in the country, and understanding consent and healthy relationships. STIPU does not oversee the living arrangements of PALM scheme workers nor discusses or manages individual cases.

QUESTION 3

Dr ALEXANDRA WADE, you mentioned two children being "given up" by their mother, and further mentioned one of these children was left in a hotel room because the woman was deported. If you are able to, can you please provide more information on this case? Are you aware of the woman's circumstances before being deported, if she was engaged with any other services during her pregnancy or before her departure? If this isn't possible due to privacy considerations, what would the process be for pregnant women or women with infants in the circumstances that they required maternal healthcare, access to reproductive health services or if they were subject to deportation?

ANSWER

Due to patient privacy and confidentiality, this information cannot be disclosed. Please refer to the response provided to the Questions on Notice on page 18 of the transcript from this hearing.

QUESTION 4

Throughout this inquiry we have heard similar public health concerns and health vulnerabilities for PALM workers and other temporary migrant workers from other regional areas with a high temporary migrant worker population. In your opinion, what the most effective measures the NSW Government could take immediately which could address some of these risks and vulnerabilities?

ANSWER

The NSW Government is currently undertaking a range of activities to help reduce some of the risks and vulnerabilities which include collaborating with other federal and state agencies, undertaking research and providing resources.

QUESTION 5

Can you provide more detail on the engagement between NSW Health and University of Sydney to undertake a needs assessment of the sexual and reproductive health needs of the PALM scheme workers, including the PALM peer education model in partnership with the Multicultural HIV and Hepatitis Service, Family Planning and the NSW Council for Pacific Communities. Please provide any relevant contact details.

ANSWER

In June 2024, NSW Health engaged the University of Sydney to undertake research to conduct a needs assessment examining the sexual and reproductive health needs and experiences of PALM scheme workers, their employers, and the health professionals who support them.

This research is ongoing and is expected to be completed by December 2026, with findings anticipated to be published in 2027.

The research will collect data through surveys, focus groups, and individual interviews with PALM scheme workers, employers, key stakeholders, and health professionals in both private and public health settings who support PALM workers.

The PALM peer education model is a separate initiative from the University of Sydney.

QUESTION 6

Can you also provide more information on the collaboration between NSW Health and other state teams in Queensland, Western Australia, South Australia and the Australian Capital Territory. Are there similar public health responses in other states which are effective and may be replicated in NSW?

ANSWER

NSW Health engages with its counterparts in Queensland, Western Australia, South Australia and the Australian Capital Territory regarding the sexual and reproductive health of PALM scheme workers in Australia.

There are also national communicable disease governance mechanisms, including the Communicable Diseases Network Australia and the Blood Borne Viruses and Sexually Transmissible Infections Standing Subcommittee.