

4 March 2020

Select Committee on Temporary Migration  
Department of the Senate  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600  
AUSTRALIA

Dear Committee Members,

**Re: Submission to the Senate Select Committee on Temporary Migration**

We welcome the opportunity to provide a written submission to the Senate Select Committee on Temporary Migration.

Cabrini Outreach is the international and community development arm of Cabrini Australia. Our mandate is to seek social justice, alleviate social inequality and enable better health care for all, particularly the most marginalised. We are committed to responding to unmet needs in areas where we believe we can make a difference.

In 2016, we opened the Cabrini Asylum Seeker and Refugee Health Hub in Melbourne's northern suburbs to provide primary health care, specialist mental health services and access to pharmaceuticals to people seeking asylum. We prioritise people who do not have access to Medicare and/or income, those who are vulnerable due to previous experiences of torture and trauma, and people experiencing prolonged uncertainty due to their migration status.

All of our clients are on temporary visas.

This submission is informed by our experience providing clinical services to people seeking asylum within Australia.

With regard to the terms of reference of the Committee -

**a. Government policy settings, including their impact on the employment prospects and social cohesion of Australians;**

Under the current policy framework, people waiting for protection outcomes receive temporary, non-substantive bridging visas. Many are granted at the full discretion of the Minister (eg. Bridging Visa E). Our concerns with these visas include:

- They have very short expiry periods, for example 6 months
- Work rights can be unpredictably added, removed or limited on these visas
- Over 12,000 people in the community have been on these visas for 8 years or more

Once granted refugee protection, current policy settings only allow for many applicants to receive temporary protection (Temporary Protection Visas – 3 years, or Safe Haven Enterprise Visas – 5 years) rather than the granting of permanent residency.

Temporary Protection Visas (TPVs) and Safe Haven Enterprise Visas (SHEVs) have the following features:

- They are temporary in nature and require the applicant to re-apply / re-evidence their refugee status in 3-5 years (depending on the visa type);
- They do not allow for access to the family reunification and spousal visa categories normally available to permanent residents of Australia; and
- They lack certainty and permanency, and do not provide the recipient with the sense of security and safety necessary to recover from a history of trauma. They do not allow for complete participation in the Australian community and economy.

Temporary protection visas were used in Australia between 1999 and 2008, when they were abolished in favour of permanent protection.<sup>1</sup> They were re-introduced in 2014. Research has shown that temporary protection visas have an adverse impact on mental health.<sup>2</sup>

### **Protracted uncertainty**

Current policy settings result in protracted uncertainty for our clients. From our experience working with those exposed to this uncertainty, it almost always causes a high prevalence of mental health issues, particularly major depression and post-traumatic stress disorder. It also exacerbates complex physical health issues, including chronic pain syndromes and chronic diseases such as diabetes and heart disease.

Our work and experience in the asylum seeker health sector has highlighted the unique vulnerabilities and typically complex mental and physical health care needs of this cohort. This is due to pre migration and migration stressors including torture and trauma, persecution and experiences of interpersonal violence and broader conflict. Countries of origin and transit countries for asylum seeker populations are often those with limited access to healthcare, nutrition, vaccinations, chronic disease management and other requirements for good health.

Considering that many protection applicants have been in Australia for more than 8 years and are likely to remain in Australia indefinitely, it is therefore critically important that government policy settings allow for the provision of good and comprehensive healthcare. Further, it is the view of Cabrini Outreach that people seeking asylum should be supported to participate fully in the Australian community and economy, and that visas should provide for security and certainty.

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<sup>1</sup> 'Research brief: Temporary Protection Visas (TPVs) and Safe Haven Enterprise Visas (SHEVs)', Andrew and Renata Kaldor Centre for International Refugee Law, [https://www.kaldorcentre.unsw.edu.au/sites/kaldorcentre.unsw.edu.au/files/Factsheet\\_TPVSHEV\\_Apr2019.pdf](https://www.kaldorcentre.unsw.edu.au/sites/kaldorcentre.unsw.edu.au/files/Factsheet_TPVSHEV_Apr2019.pdf), accessed 15<sup>th</sup> January 2021.

<sup>2</sup> 'A comparison of the mental health of refugees with temporary versus permanent protection visas', Momartin Et Al, Medical Journal of Australia, vol. 185, iss. 7, pp. 357-361 (available online, accessed 17<sup>th</sup> February 2017).

## **Work limitations**

There are inconsistencies in the way work rights are granted to people seeking asylum and this can change through the asylum seeking process. In some instances, such as for those who arrived by boat after 13<sup>th</sup> August 2012 and before 19<sup>th</sup> July 2014 (the so-called 'legacy' or 'fast track' cohort), there have been long periods of policy settings that deliberately prevent work and economic integration.

Work limitations currently in place on many bridging visas, along with the short expiry periods in place, can result in significant difficulty obtaining employment. People on temporary and uncertain visas are often overlooked by employers, due to the short-term nature of the visas and the real monetary and workplace cost which comes with staff turnover.

As a result of both deliberate policies and the short term nature of many bridging visas, there is a high rate of forced inactivity. Many of our clients are left in states of destitution, unstable housing, and dependence on charitable organisations.

The outcome of this forced inactivity and the absence of the self-worth and meaning that comes from economic participation, is that we have seen the emergence of extremely high rates of clinical depression.

## **Impact on future economic participation**

The mental health impacts of protracted uncertainty are such that recovery can often take a long time. After protracted periods of forced inactivity and uncertainty, the impact of severe mental health issues can be such that they cause significant problems with daily functioning. For many of our clients, it can be extremely difficult to re-join the work force.

Evidence of this can be seen in the data created by Health of the Nation Outcome Scales (HONOS) testing administered by Cabrini Outreach's mental health clinicians in relation to 94 clients (32 females and 62 males) in the Specialist Mental Health Service in the period October – December 2019.

The HONOS is a standardised tool used across public mental health services to measure the health and social functioning of people experiencing severe mental illness.

All the clients to whom the testing was applied were experiencing protracted uncertainty on temporary visas.

This data was then aggregated and compared to the National Outcomes and Casemix collection data for Victorian public mental health services (ambulatory)<sup>3</sup> for financial year 2016-17, which is the most recent publicly accessible HONOS data.

The most notable observations from this comparison include:

- 77% of clients in the Specialist Mental Health Service scored 3 (moderately severe) or higher in more than one area.
- Across public mental health services in Victoria (across all service settings and collection reasons), the mean score was 10.70. In comparison, the mean score of clients in the Specialist Mental Health Service was 47% higher at 15.77.
- Clients of the Hub scored consistently higher than the mean score across mental health services in Victoria, including:
  - 51% higher on the impairment subscale (cognitive and disability problems)
  - 53% higher on the symptomatic problems subscale, and

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<sup>3</sup> National Outcomes and Casemix Collection, Australian Mental Health Outcomes and Classification Network, <https://data.amhocn.org/reports/standard/>, accessed 2<sup>nd</sup> January 2019

- 80% higher on the social problems subscale.
  - The only area in which the clients scored lower was on the behavioural problems subscale, which measures behaviour issues such as aggression, self-injury, and problem drinking and drug-taking where the aggregated score was 39% lower than the mean.
- b. Whether permanent migration offers better long-term benefits for Australia’s economy, Australian workers and social cohesion;**

It is the view of Cabrini Outreach that permanent protection visas are the most appropriate outcome for people who are found to be refugees and people should be provided with stable visas that enable full social and economic participation while protection claims are being assessed.

### **Conclusion**

Based on our experience providing clinical primary health and mental health services to people seeking asylum over the past 4 years, it is the view of Cabrini Outreach that the government’s current use of temporary migration policy settings for people seeking asylum create serious difficulties in gaining and maintaining employment. The forced inactivity and uncertainty that occurs as a result can have serious mental health and physical health consequences, and have a serious impact on the ability of people affected to participate fully in Australian social and economic life.

Cabrini Outreach strongly recommends that people seeking asylum are afforded stable and permanent visa types, both while awaiting a protection application outcome and when found to be owed refugee protection.

Cabrini Outreach thanks the Committee for the opportunity to make this submission. If we can be of further assistance during this inquiry, please do not hesitate to contact us.

Yours sincerely,

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Group Director Mission and Cabrini Outreach