



Refugee Council
of Australia

SENATE SELECT COMMITTEE

THE AUSTRALIAN GOVERNMENT'S RESPONSE TO THE COVID-19 PANDEMIC

The Refugee Council of Australia (RCOA) is the national umbrella body for refugees, people seeking asylum, and the organisations and individuals who work with them, representing over 190 organisations. RCOA promotes the adoption of humane, lawful and constructive policies by governments and communities in Australia and internationally towards refugees, people seeking asylum and humanitarian entrants. RCOA consults regularly with its members, community leaders and people from refugee backgrounds, and this submission is informed by their views.

1 Background

- 1.1 The Refugee Council of Australia recognises the exceptional steps that the Australian Government has taken to respond to this global pandemic and the resulting public health and economic crises. Much of its response is welcome and has put Australia in a strong position to weather the pandemic and its impacts.
- 1.2 Unfortunately, there remain major gaps in the response, with people seeking asylum and temporary visa holders – including recognised refugees – suffering the same uncertainty and fear that all Australian feel but without the basic safety net and support to help them get through this challenging time.
- 1.3 The Government's response to temporary visa holders has been to encourage them to return home. For people seeking asylum and recognised refugees on temporary visas, **this is not an option. They cannot return.** Many have been living in Australia for over 8 years, and yet, do not share the same rights and access to support that other Australian residents have.
- 1.4 This virus does not discriminate on the basis of citizenship or visa status. We must act to ensure the protection of all people currently living in Australia. This must include ensuring that everyone now in Australia has the means to survive, maintain a roof over their heads and stay well during this pandemic. Maintaining the health of everyone currently in Australia, regardless of their citizenship or visa status, is in the interest of all of us.
- 1.5 As a community, we have the opportunity during the COVID-19 pandemic to make decisions that are compassionate, constructive and responsible. Only in doing so, can we ensure Australia emerges from the COVID-19 pandemic with a resilient, healthy and cohesive community. There are tens of thousands of refugees, people seeking asylum, and other migrants in Australia who make up our communities, and they cannot be forgotten at this time of great need. Nobody should be left behind.
- 1.6 The Refugee Council of Australia has outlined below some of the major gaps in the Government's COVID-19 response and has included recommendations to remedy and fill these gaps.

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2 Immigration detention

- 2.1 As of 31 March 2020 (the latest available detention statistics at the time of writing this submission), there were 1,373 men, women and children in Australia’s onshore immigration detention facilities. Those detention facilities include hotels that are being used as Alternative Places of Detention (APOD).
- 2.2 According to the Commonwealth Ombudsman, residential rooms in purpose-built detention facilities have an occupancy level ranging from one to four people. However, in Blaxland High Security Compound of Villawood Immigration Detention Centre (IDC) and in Melbourne Immigration Transit Accommodation (ITA), where the accommodation is dormitory style, four to 16 people can share one dorm. If rooms do not have ensuite bathrooms, a larger number of people share communal shower and toilets. Laundry facilities, recreational space, and dining areas are shared between everyone in one compound or the entire facility.¹ As illustrated in the table below, almost all of the detention facilities currently operate close to their official capacity. While there are circumstances where people may have access to single rooms, there is little doubt that the official capacity of a facility is calculated based on rooms being shared.

Detention facility	Official Capacity ²	Population as of 31 March 2020 ³	Current population as a percentage of official capacity
Perth IDC	32	23	72%
Villawood IDC (Sydney)	600	427	72%
Yongah Hill IDC (Northam, WA)	420	342	81%
Christmas Island APOD	NA	Fewer than 5	--
Adelaide ITA	25	23	92%
Brisbane ITA	140	205 – 80 people in Kangaroo Point APOD= 125 ⁴	89%
Melbourne ITA	300	333 – 65 people in Mantra Preston APOD= 268 ⁵	89%
Mainland APODs ⁶	Variable	16	--

¹ Commonwealth Ombudsman (2019), *Immigration Detention Oversight: Review of the Ombudsman’s activities in overseeing immigration detention*, https://www.ombudsman.gov.au/data/assets/pdf_file/0017/109700/Immigration-Detention-Oversight-Report-January-to-June-2019.pdf, pp.9-10.

² The official capacity of immigration detention facilities are mainly from: Australian Human Rights Commission (2019), *Risk management in immigration detention*, <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/risk-management-immigration-detention-2019>. For facilities that were not part of that report, like Perth IDC, AHRC’s latest inspection reports were used.

³ Department of Home Affairs, *Immigration Detention and Community Statistics Summary* (31 March 2020), <https://www.homeaffairs.gov.au/research-and-stats/files/immigration-detention-statistics-31-march-2020.pdf>.

⁴ It is understood that around 80 people have been accommodated in the Kangaroo Point Central Hotel in Brisbane that has been designated as an APOD. However, RCOA believes that the Department of Home Affairs includes this population in the total population of Brisbane ITA and does not report them separately in the official statistics. We removed this number from the total population of Brisbane ITA to have a more accurate occupancy level in this detention facility.

⁵ It is understood that around 65 people have been accommodated in Preston’s Bell Mantra Hotel in Melbourne that has been designated as an APOD. However, RCOA believes that the Department of Home Affairs includes this population in the total population of Melbourne ITA and does not report them separately in the official statistics. We removed this number from the total population of Melbourne ITA to have a more accurate occupancy level in this detention facility.

⁶ The Department of Home Affairs detention statistics refers to ‘mainland APODs’ without providing further information. We believe they could include the hotel in Northern Territory that accommodates a small number of people transferred from

- 2.3 Operating at an occupancy level of 80%, as most facilities are according to the above table, means the majority of detention population are in shared accommodation, sharing rooms and bathrooms with up to four people on average and with up to 16 people in some circumstances. This is in **direct and ongoing breach** of the advice of infectious diseases experts in relation to preventing an outbreak of COVID-19 in a crowded setting.
- 2.4 On 19 March 2020, Australasian Society for Infectious Diseases and the Australian College of Infection Prevention and Control, the peak professional bodies for infectious diseases and infection control wrote to the Federal Government and called for the release of people in immigration detention, arguing they lack opportunities for adequate social distancing or self-isolation. As a minimum standard, those bodies recommended that people in detention “be held in single rooms with their own bathroom facilities”.⁷
- 2.5 The reports RCOA has received recently confirm this ongoing disregard of expert advice by the Department of Home Affairs. Since early March 2020, we have received consistent reports from people in detention, member organisations, legal representatives and advocates, stating that people continue to live in crowded detention facilities and share rooms and bathrooms with many others. We have been told that it is impossible to practice social distancing. Lack of adequate sanitation equipment, failure to promptly replace hand sanitisers, and unavailability of Personal Protection Equipment, have all significantly increased people’s anxiety. Further, the lack of appropriate information and prompt messaging resulted in speculation and frustration. In the absence of information and trust, people questioned every instance of isolation, movement, sudden absence of a staff member, and room searches, and interpreted them as signs that the detention management is dealing with a positive case of COVID-19.
- 2.6 RCOA believes that the situation is far worse in non-purpose built APODs, such as hotels, which continue to accommodate a vulnerable population, primarily people who have been medically transferred from offshore facilities to Australia for healthcare. Even before the start of this pandemic, both the Australian Human Rights Commission (AHRC) and the Commonwealth Ombudsman raised serious concerns in relation to overcrowding and the overly restrictive environments of those APODs.⁸ After highlighting those APODs’ lack of features to ensure adequate conditions of detention (for example, appropriate access to open space), the AHRC recommended that “hotels should only be used as APODs in exceptional circumstances and for **very short periods of time**”.⁹ Despite this recommendation and while the Department of Home Affairs released the families who were held in those hotels relatively promptly into community detention, the men have remained in those APODs, some for more than a year after being transferred to Australia.
- 2.7 People in those hotel APODs reported that they continue to share rooms often with four people. They have very little access to fresh air. RCOA has photographic evidence of overcrowded communal areas and rooms which provide no chance for people to be physically distant.

offshore facilities as well as Broadmeadow Residential Precinct which is an APOD close to Melbourne ITA and consists of ten residential-style units.

⁷ Australasian Society for Infectious Diseases and the Australian College of Infection Prevention and Control, open letter to the Federal Government dated 19 March 2020, available at: <https://www.asid.net.au/documents/item/1868>.

⁸ See: Australian Human Rights Commission (2019), *Risk management in immigration detention*, <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/risk-management-immigration-detention-2019>, pp. 48-49 and Commonwealth Ombudsman (2019), *Immigration Detention Oversight: Review of the Ombudsman’s activities in overseeing immigration detention*, https://www.ombudsman.gov.au/data/assets/pdf_file/0017/109700/Immigration-Detention-Oversight-Report-January-to-June-2019.pdf, pp. 10-11.

⁹ Australian Human Rights Commission (2019), *Risk management in immigration detention*, <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/risk-management-immigration-detention-2019>, p.49.

People who spoke to us talked about their frequent and numerous interactions with detention guards, often at close proximity. The detention guards work on a rostered basis and return to the community after the completion of their shifts. This increases the likelihood of community transmission of the virus (either from guards who might be infected to people in detention or vice versa). We particularly note that there has already been one reported case where a detention guard working in Kangaroo Point APOD tested positive to COVID-19 in March 2020.¹⁰

- 2.8 It should be noted that according to Australia's Department of Health, people in detention facilities are one of the most at risk groups to get the virus.¹¹ The situation is even more dire for those who have been in detention for a prolonged period of time. There is abundant evidence available linking prolonged detention to mental health issues and deterioration in physical health. Currently the average length of detention in onshore detention facilities is 18 months (545 days). A quarter of the immigration detention population has been in detention for more than two years,¹² some of whom have spent over 8 years deprived of their liberty.¹³
- 2.9 The men who have been transferred to Australia from offshore facilities for medical treatments (medically evacuated) and remain in closed detention have all spent over six years in Papua New Guinea or Nauru without access to adequate healthcare. They were transferred to Australia because the Minister for Home Affairs agreed that they needed treatments that were not available in those countries. Those treatments were needed to address health complications that were primarily the result of their prolonged detention in substandard conditions. We know from our work in 2018 and 2019, when we advocated for the medical transfer of this group, that some of the people in this group are dealing with serious and chronic illnesses, such as cancer and respiratory issues that put them at far greater risk of severe illness if they contract COVID-19. We find it shocking that they continue to be held in an unsafe environment (as described above), while the Government's only mitigation strategy appears to be hoping for the best.
- 2.10 It is also worth noting the many of the men detained at both the APODs and immigration detention centres include people who were recognised in PNG and in Nauru under Refugee Status Determination arrangements established with Australian Government assistance. These men have been recognised as requiring refugee protection by processes established and supported by the Australian Government. Continuing to detain recognised refugees is in direct contravention of our obligations under the Refugee Convention and other international law.
- 2.11 In addition to the advice of the Australasian Society for Infectious Diseases and the Australian College of Infection Prevention and Control, which we referred to earlier, many other experts published advice and guidelines on mitigating the risk of infection in detention. There is unanimous agreement that as many people as possible need to be released from detention, so those who cannot be released can practice social distancing. Australia's Human Rights Commissioner has called for the immediate release of people in detention who do not pose a

¹⁰ Ben Smee and Ben Doherty, 'Fears for refugees after guard at Brisbane immigration detention centre tests positive for coronavirus' *The Guardian* (19 March 2020), <<https://www.theguardian.com/australia-news/2020/mar/19/fears-for-refugees-as-guard-at-brisbane-immigration-detention-centre-tests-positive-for-coronavirus>>.

¹¹ Department of Health, *What you need to know about coronavirus* (COVID-19), <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19#who-is-most-at-risk>.

¹² Department of Home Affairs, *Immigration Detention and Community Statistics Summary* (31 March 2020), <https://www.homeaffairs.gov.au/research-and-stats/files/immigration-detention-statistics-31-march-2020.pdf>.

¹³ The most recent breakdown of the length of detention beyond two years that is available publicly was [published](#) by the Commonwealth Ombudsman in August 2017. The Ombudsman reported that in 2016–17, 122 people had been detained for more than five years, and 24 people had been detained for six years or more. RCOA is aware of a number of cases where people have been in onshore detention for over 8 years. This is without considering the offshore group.

significant security risk.¹⁴ The Royal Australian and New Zealand College of Psychiatrists (RANZCP) called this issue “a public health issue of the first order” and urged the Australian Government to urgently release vulnerable people in detention. The RANZCP raised concerns about the transparency of the testing regime and medical oversight of the protection measures in place in detention facilities and reiterated that:

*The threat of an outbreak poses a significant risk to the lives and health of not only the people living in such conditions, but also to the staff working in these facilities and by extension the wider community.*¹⁵

The World Health Organisation, United Nations High Commissioner for Human Rights, International Organization for Migration and United Nations High Commissioner for Refugees in a (rare) joint press release called for the release without delay of people in immigration detention “considering the lethal consequences a COVID-19 outbreak would have”.¹⁶

- 2.12 Many countries around the world have heeded this advice. The United Kingdom, for example, released three quarters of people in immigration detention between 16 March and 21 April in response to concerns about the spread of COVID-19 within those facilities.¹⁷ Countries that neglected overcrowded settings quickly lost their control of the COVID-19 pandemic. The clearest example is Singapore, which was initially lauded for its success in controlling the virus but was hit by a second wave which started in overcrowded hostels for foreign workers. Others are responding to the fallout of the very same issue the Australian Government has been repeatedly warned about. For example, Thailand now has at least 65 positive cases in just one detention centre accommodating 115 people, after a guard who later tested positive went to the facility.¹⁸
- 2.13 The fact that closure of borders has prevented the return of those who can be safely returned to their home countries may also bring into question the rationale for keeping people detained. The purpose of administrative immigration detention is to resolve a person’s immigration status, which for some can be return to their home countries. Currently, immigration detention is not serving this purpose; instead, it is keeping thousands of people indefinitely detained while exposing them to an increased risk of a deadly infection. Despite all of the recommendations, advice and futility of detaining people while their immigration status cannot be resolved, a review of March statistics released by the Department of Home Affairs shows that in that month, detention facilities admitted new detainees, albeit in smaller numbers. While a faultless analysis is not possible, as the Department only reports the detention numbers as they stand at the end of each month, it appears that the new arrivals have all been transferred from correctional facilities and are mainly from New Zealand.¹⁹
- 2.14 Since mid-March 2020, RCOA has been raising its concerns about the welfare of people detained in crowded detention facilities. We initially did this quietly and by approaching a select number of decision makers in the Department of Home Affairs and the responsible Ministers.

¹⁴ Stefan Armbruster, ‘Human Rights Commissioner calls for immigration detainees’ release over coronavirus infection fears’, SBS News (13 April 2020), <<https://www.sbs.com.au/news/human-rights-commissioner-calls-for-immigration-detainees-release-over-coronavirus-infection-fears>>.

¹⁵ Royal Australian and New Zealand College of Psychiatrist, *Immigration detention centres a significant COVID-19 risk* (17 April 2020), <https://www.ranzcp.org/news-policy/news/immigration-detention-centres-a-significant-covid>.

¹⁶ OHCHR, IOM, UNHCR and WHO, *The rights and health of refugees, migrants and stateless must be protected in COVID-19 response* (31 March 2020), <https://www.unhcr.org/news/press/2020/3/5e836f164/rights-health-refugees-migrants-stateless-must-protected-covid-19-response.html>.

¹⁷ Global Detention Project, *Covid-19 Global Immigration Detention Platform> United Kingdom*, <https://www.globaldetentionproject.org/covid-19-immigration-detention-platform#kingdom> (accessed 14 May 2020)

¹⁸ Sunai Phasuk, ‘Thailand should free detained migrants amid pandemic’ *Human Rights Watch* (8 May 2020), <<https://www.hrw.org/news/2020/05/08/thailand-should-free-detained-migrants-amid-pandemic>>.

¹⁹ Department of Home Affairs, *Immigration Detention and Community Statistics Summary* (31 March 2020), <https://www.homeaffairs.gov.au/research-and-stats/files/immigration-detention-statistics-31-march-2020.pdf>.

We drew the attention of those decision makers to the advice from the health experts that an outbreak in a crowded detention facility can undo all of the progress that the country had achieved so far. RCOA put forward practical solutions to substantially reduce this risk. We reminded the Federal Government that it has at its disposal a range of community alternatives to detention. These are the alternatives that the Government has been using for years and uses today for many thousands of people seeking protection. We acknowledged that not all people in detention could be released but the majority pose no risk to the community and can be placed in the community. They were not in detention because they committed a crime, they were in administrative detention until their immigration status is resolved. By using community alternatives to detention, the Government could substantially reduce the population of detention facilities (and the risk of an outbreak) and provide enough space for those who cannot be released, so they can practice social distancing.

- 2.15 The community alternatives to detention are releasing people into residence determination (community detention) or onto ongoing Bridging Visas, with basic financial support and access to Medicare. Considering the Federal Government is already using a number of hotels as APODs, we proposed it can expand this practice but with better conditions and protections in place. The current issues of concern such as overcrowding, restrictive conditions and lack of access to open space, we argued, could be addressed by lowering the rate of occupancy and removing the 24-hour security, as well as offering people more freedom of movement, as is available under community detention. This means more accommodation providers could opt into this arrangement. It provides much-needed business to hotel providers in our metropolitan areas who have been severely affected by the downturn in domestic and international tourism. Removal of round the clock security, to bring the arrangement in line with community detention guidelines, would make this arrangement much cheaper for the Government. The stringent reporting requirements of community detention allow for effective monitoring and risk mitigation. Many of people in detention have strong support in the community, provided by their family and friends. Many non-government organisations in various states also assured the Federal Government, again quietly and without resort to public advocacy, that they would assist with moving people to the community and with their support.
- 2.16 We find it completely unacceptable that none of those suggestions were taken on board. A review of the March statistics released by the Department of Home Affairs, points to less than a 5% decrease in the number of people in detention in that month, compared to the month of February. While the statistics for the months of April and May are yet to be published, we are unaware of any large scale release from detention facilities. The way that the Australian Border Force has tried to mitigate the risks so far has been by imposing further restrictions, such as cancelling personal visits and reducing programs and activities. While those measures have been largely in line with the global practice, by substantially reducing the number of people in detention, the Government could put fewer people through those restrictions and even avoid imposing some of them.
- 2.17 In response to numerous calls for the release of people in detention, the Australian Government has repeated that no one in detention has so far tested positive. This is irresponsible and in full breach of the Government's duty of care. We cannot afford to wait until there are positive cases in detention facilities to start planning. The lessons from Singapore and Thailand show that we cannot be reactive in a pandemic. We need to proactively mitigate the risk, otherwise one or two positive cases in a crowded residential setting, such as an immigration detention facility, can create an outbreak; an outbreak that can not only affect those in detention but also the wider Australian community.
- 2.18 The issue at the moment is not about being 'tough on borders' and deterrence. Our borders are closed. It is about what we have all been advised by the Federal Government to do, which is to listen to the experts and to medical advice.

Recommendation 1

The Australian Government should immediately release low-risk people in immigration detention into the community, either into residence determination or onto Bridging Visas with financial assistance and Medicare. Until their release, the Government should detail its process for individualised risk assessments and its reasons for people's continued detention, including why it continues to detain many people recognised as refugees, in direct contravention of our responsibility under international law.

3 Offshore processing and the USA resettlement deal

- 3.1 As of 31 March 2020, there were still 209 people subject to offshore processing arrangements on Nauru and 227 in Papua New Guinea (PNG), who now live in community accommodation in Port Moresby.²⁰ In PNG, a local provider called Pacific International Hospital is contracted by the Australian Government to provide healthcare services, while on Nauru, International Health and Medical Services (IHMS) continues to operate.
- 3.2 Despite having very few or zero cases of COVID-19, Nauru and PNG both declared states of emergency in March 2020, recognising the inability of their medical facilities to respond to a widespread outbreak.
- 3.3 Having been at the centre of advocacy for medical transfer of refugees who needed urgent and lifesaving treatments unavailable on Nauru and PNG, RCOA is well aware of the inadequacy of medical facilities in those countries, even with financial support from Australia. Those medical facilities have been unable to respond to an escalation in physical and mental health illnesses in the refugee population. PNG has faced its own ongoing challenges with public health crises, such as a recent polio outbreak and is still the hotspot for the world's most drug-resistant tuberculosis. It only has 14 ventilators for a population of 8.6 million.²¹ It is unclear how many ventilators Nauru has. RCOA understands that many Australian healthcare staff who were still working in Nauru have now left.
- 3.4 Since the onset of the COVID-19 pandemic, members of local civil society, particularly in PNG, have warned of potential disastrous consequences for those countries and vulnerable sections of their population (including refugees) if the virus spreads there. Father Giorgio Licini, the Secretary General of the Catholic Bishops Conference of Papua New Guinea and Solomon Islands, who has supported the refugees in PNG for many years, wrote to the PNG Prime Minister, Health Minister and several other MPs in March 2020 and raised concerns about the impact of a COVID-19 pandemic on the refugee population who are already significantly debilitated and have struggled for years to receive adequate healthcare.²²
- 3.5 The refugees and people seeking asylum still on Nauru and in PNG are now facing more uncertainty than ever before. This uncertainty, compounded with ongoing separation from families, is taking a significant toll on their already fragile mental health and resilience. As far as RCOA understands, there has been only a few departures from these countries for third resettlement countries since mid-March 2020. With the exception of a handful of refugees who

²⁰ Department of Home Affairs, *Key statistics as at 31 March 2020* (31 March 2020), <https://www.homeaffairs.gov.au/about-us-subsite/files/population-and-number-of-people-resettled.pdf>.

²¹ Anthony Stewart and Tracey Shelton, 'Australian researchers invent makeshift ventilators for Pacific region in case of coronavirus outbreak' *ABC News* (6 May 2020), <<https://www.abc.net.au/news/2020-05-06/pacific-island-ventilator-invention-shortage-covid-19/12218586>>.

²² Rebekah Holt and Meg Watson, 'New fears for asylum seekers in PNG and Nauru' *The Saturday Paper* (4 April 2020), <<https://www.thesaturdaypaper.com.au/news/immigration/2020/04/04/new-fears-asylum-seekers-png-and-nauru/15859188009645>>.

travelled from Australia to the United States of America in the week of 9 May 2020,²³ there has been no large scale departure in recent months and it remains unclear when they will resume and how many more refugees the US will accept.

- 3.6 In March 2020, RCOA called for the transfer of the remaining number of refugees and people seeking asylum to Australia.²⁴ We made this call in light of the significant concerns for the health and wellbeing of refugees and the capacity of both Nauru and PNG to respond to any large-scale pandemic. Taking away the scarce resources those countries have to address the health issues of a group of people for whom Australia is ultimately responsible, is also a significant disservice to the local population.
- 3.7 While we acknowledge the current limitations in overseas travel, we still believe that the transfer of this group to Australia is possible. The small number of people remaining on both islands eases the logistics of such operations. These transfers will save us millions of dollars, considering the significant amount of money Australia pays to private contractors in PNG and Nauru to work with this population. Similar to any overseas traveller, they can be quarantined for the required period and then released into community placement we elaborated on in the section above (immigration detention).
- 3.8 The efforts of UNHCR and Australian civil society have proven that we can find third country resettlement solutions for this group (if the Australian Government is still steadfastly refusing to resettle them permanently in Australia). Since mid-2019, RCOA has been working with partner organisations in Canada and with generous donors to find resettlement solutions for many people in this group through private sponsorship in Canada. Those applications are in process and the least the Australian Government can do is to support them to wait in Australia, where there is a much better resourced healthcare system with more equitable access, while their status is being finalised.

Recommendation 2

In order to protect both the refugees and people seeking asylum in PNG and in Nauru, as well as the local population, the Australian Government should immediately transfer back to Australia all people who were subject to regional processing.

4 Access to Medicare

- 4.1 People seeking asylum who are living in the community without access to Medicare and basic financial support are some of those at greatest risk for COVID-19 and also those that cannot adhere to public health requirements like self-isolation. Unstable housing as a result of destitution impedes people's ability to adequately self-isolate. Lack of access to the Pharmaceutical Benefits Scheme means many cannot afford to purchase vital medications. This can further compromise people's general health and increase their need for hospital admission, which is challenging when the health system is experiencing increased demand due to COVID-19. Without a Medicare card, people will face significant obstacles to testing and treatment.
- 4.2 A Medicare card is the only universally-accepted, easy-to-understand identification that facilitates healthcare access for testing and treatment. All people in Australia need access to testing and related treatments and people seeking asylum require urgent access to Medicare.

²³ Hannah Ryan, 'The US, struggling under the pressure of the coronavirus is still taking refugees from Australia' *Buzzfeed News* (9 May 2020), <<https://www.buzzfeed.com/hannahryan/us-australia-refugee-coronavirus-swap-deal>>.

²⁴ Refugee Council of Australia, *Leaving no-one behind: Ensuring people seeking asylum and refugees are included in COVID-19 strategies* (updated 9 April 2020), <https://www.refugeecouncil.org.au/priorities-covid-19/>.

Recommendation 3

The Australian Government should grant all people seeking asylum access to Medicare to ensure that they can remain safe during the pandemic.

5 Access to a basic safety net

JobSeeker, the Coronavirus Supplement and Economic Support Payments

- 5.1 The economic impact of the pandemic has affected all people living in Australia, citizens and temporary visa holders alike. People seeking asylum who live in the community are no different. Many were employed in low-paid, casual work, and yet were supporting themselves and their families. As businesses were forced to close or reduce staff numbers dramatically, people seeking asylum were some of the first to lose hours or their employment completely.
- 5.2 Charities, faith-based organisations, and community groups have been supporting people for many years, and have now seen a dramatic surge in people presenting – many for the first time ever – seeking basic support like food pantry items, rent assistance, help with paying utility bills, and filling vital prescriptions.
- 5.3 Most of the people seeking asylum who are presenting to these groups are those that have been working and supporting themselves and their families until the COVID-19 crisis hit and resulted in them losing hours at work or losing their jobs completely. While people continue to search for work, they face rental arrears, not enough food to eat each day, and the inability to pay for vital medications.
- 5.4 People seeking asylum who were supporting themselves through work have tried to find additional or new work but face even further obstacles. Employment support services for people seeking asylum used to support hundreds of people to get “job ready” and get into work. However, the closure of many businesses and the economic impacts of COVID-19 have prevented those job ready people from finding work. One service shared that they usually had 50 paid work placements per month, but those placements have gone down to zero in the last two months because of the pandemic. One support service in Victoria said that 150 people have returned to them after having lost jobs in shutdown industries, the vast majority being people seeking protection on Bridging Visas. The impact on young people’s employment also has been profound, with an additional 80 young people in one region of Victoria presenting after having lost their jobs because of COVID-19.
- 5.5 A major settlement agency conducted a survey between 14-18 May 2020 of people seeking asylum who sought support from them (but were ineligible for Status Resolution Support Services, SRSS, Program support). Of the hundreds of respondents, they found:
 - **More than four out of five (82%) of people had lost their jobs or had their work hours reduced significantly.**
 - **Three quarters (75%) could not pay their rent.**
 - **Two thirds (62%) have gone without a meal because they did not have enough money.**
 - **Four out of five (79%) of people had to borrow money from friends to pay for essential items like rent, food, and medication.**
 - **Over 60% of people had been living in NSW for over two years, with a majority of those people living in NSW for over five years.**

- 5.6 Approximately 97,000 people seeking asylum have been universally excluded from all forms of the economic support packages implemented during the COVID-19 crisis. Unlike other Australians, people seeking asylum do not have access to JobSeeker, the Coronavirus Supplement, Economic Support Payments nor the JobKeeper Subsidy. Such a decision presents a dangerous health risk to the community and is already leaving people homeless, destitute and starving. As Professor Michael Toole AM from the Burnet Institute has said:

To effectively suppress community transmission of the coronavirus in Australia, key elements of the response need to be accessible by vulnerable populations... These may include those who have not been eligible for government benefits and thus cannot afford decent housing, food and access to health care.²⁵

- 5.7 Excluding people seeking asylum from the COVID-19 social security measures presents a significant risk to the health of individuals, as well as the wider community. Without a financial safety net, people have been forced to actively look for work (against social isolation guidelines), seek crisis food and accommodation services and have already become homeless. Without a safe home to live in, people cannot follow the health experts' advice to stay home and socially isolate. This presents a serious risk of spreading the virus.
- 5.8 This situation is growing worse by the day as people seeking asylum and other temporary visa holders lose their only form of income. Charities, which could not cope with the demand for emergency assistance before the pandemic, are now overwhelmed, at a time when they have to work even harder to maintain frontline services because of the spread of COVID-19. Key frontline asylum support services are now receiving more calls each day from people seeking crisis help than at any stage in their history, with many seeing requests increase by 300% since mid-March.
- 5.9 Many of the people now asking for help were working and paying taxes until recent weeks but, excluded from any form of government assistance, have nothing to survive on. Most have never sought assistance from a charity prior to the COVID-19 pandemic.
- 5.10 The Refugee Council of Australia has heard from state Parliamentarians about people turning up to their electoral offices, pleading for help, about to lose their homes and with nowhere to turn. We have heard similar stories from local councillors and mayors, with many people in their area facing dire situations and very distressed.

Recommendation 4

The Australian Government should extend JobSeeker access, or the equivalent Special Benefit, to people seeking asylum so that they can pay rent, cover their utilities, and care for themselves until they are able to secure employment again.

JobSeeker for TPV and SHEV holders

- 5.11 While refugees on Temporary Protection Visas (TPVs) and Safe Haven Enterprise Visas (SHEVs) do not have access to JobSeeker, they are eligible for Special Benefit payments, which are at the equivalent rate of JobSeeker. They are also eligible for the Coronavirus Supplement and Economic Support Payments, if they were already receiving Special Benefit at the required time.
- 5.12 However, Special Benefit has strict criteria, and Centrelink's handling of applications from refugees on TPVs and SHEVs has been inconsistent. Many refugees have been turned away

²⁵ See Burnett Institute, 'COVID-19 response must include vulnerable communities', 04 May 2020, https://www.burnet.edu.au/news/1232_covid_19_response_must_include_vulnerable_communities.

from Centrelink staff (either in person or over the phone), after being told that they are not eligible for income support. Others have faced lengthy delays in applying for Special Benefit, with many still waiting for an outcome two months after applying.

- 5.13 The Australian Government has suspended asset testing for those applying for JobSeeker, recognising the barrier and additional hurdles this would create for people in need of emergency payments. However, the asset testing for Special Benefit has not been suspended, meaning that refugees on TPVs or SHEVs must demonstrate that they have exhausted their personal savings and all other assets before being able to receive this emergency payment. This creates significant hurdles and administrative barriers for people, and has resulted in a number of errors in handling applications on the part of Centrelink. This is demonstrated in the following case study:

Matty is an Uber driver and had seen his turnover reduced to less than \$40 per day due to the reduced demand for services. He is also vulnerable to the virus, as he is diabetic. He first applied for Special Benefit on 25 March 2020. He first went to the Oakleigh Centrelink office, but after waiting all day in the line, he was told he had to apply at the Dandenong Office.

After two weeks he was told his application was rejected because he didn't provide any bank statements, even though he never received a letter stating which documents he was required to provide, and was told in person by the Centrelink staff that they would contact him if they need further documents.

He then applied again on 29 March 2020, and after two weeks was told again that his application was rejected because he had too much money in his bank account. However, after visiting a Centrelink office, he found out that Centrelink had used someone else's financial records to assess his assets, resulting again in a refusal.

He was then told to apply for a third time, and as at 27 May 2020 he is still waiting for an outcome on his application. During this time, he has been unable to pay his rent, has had to vacate his rental premises, and has been unable to find any other means of financial support. "It's pointless, it's absolutely pointless. I am wasting my time, and I can't work while I wait for hours at Centrelink. I am in a horrible situation and I can't support myself or my wife."

- 5.14 People who are studying a course greater than 12 months are also prevented from access to Special Benefit. This has created significant hardship for refugees on TPVs and SHEVs who are studying at university or through a vocational education provider. These students are not eligible for Commonwealth support for education, such as the Higher Education Loan Program and Commonwealth Supported Places. This means that they must pay full international student rates up front, causing them significant hardship. Many of these refugee students have lost the casual jobs they relied upon to support their study. Many are facing the difficult choice of withdrawing from studies to be eligible for Special Benefit or continue studying with no income and face destitution. Students have also had to move their studies online, with additional expenses for computers, internet access and other essentials.
- 5.15 The Special Benefits criteria should be amended to enable TPV and SHEV holders to receive support while studying full-time.

Recommendation 5

The Australian Government should remove the assets test for Special Benefit to bring it in line with the requirements of JobKeeper.

Recommendation 6

The Australian Government should allow students on a TPV or SHEV to access Special Benefit while studying to prevent destitution and homelessness during this crisis.

Access to JobKeeper

- 5.16 All of 97,000 people seeking asylum, as well as over 17,000 refugees on Temporary Protection Visas (TPVs) and Safe Haven Enterprise Visas (SHEVs) do not have access to JobKeeper payments, designed to support employers to keep workers employed during the crisis.
- 5.17 This means that people seeking asylum and refugees on temporary visas are at risk of losing their jobs, while their colleagues who are permanent residents and citizens are likely to retain their jobs. This creates an incentive for employers to discriminate based on a person's visa class.
- 5.18 From an economic perspective, we need to ensure that employers are able to retain the staff they need to remain viable. Employers are being denied the choice to retain key staff who are temporary visa holders, even if those employees have been employed with them for over 12 months. JobKeeper must be extended to include people employed and holding temporary visas.
- 5.19 RCOA has heard of employees who have been stood down while their co-workers have kept their jobs, because they were not able to access JobKeeper.

Hadi: a brick-layer on a SHEV with access to JobKeeper

Hadi is a 40-year-old man who arrived in Australia in early 2012. He is a recognised-refugee with a Safe Haven Enterprise Visa. He currently resides in NSW, where he works as a brick layer. But after seven years working in the same construction company, COVID-19 has had a devastating impact on his job. He explains: "They have told me and tens of others that there is no longer work available as there is less demand for the type of work I do in the COVID-19 environment where people are seriously concerned about their primary needs. It has been over six weeks that I have not worked. I struggle with day to day living and supporting my family. I am not sure how I will cope in a month's time when my savings run out. The pressure of rent, other expenses and food will be very difficult." He is hoping the Australian government will give support to employees on TPVs and SHEVs, under the JobKeeper scheme. "First of all, we are human beings, and the coronavirus works the same way for all of us, whether it's an Australian citizen or a temporary visa holder. I have always worked with a view to give back to Australia for giving me safety, however I now feel abandoned, and face destitution. There are no other alternatives for people like me. I cannot return to the country I have been persecuted or find employment in the near future as long as COVID-19's impact persists. I feel hopeless at the moment."

Recommendation 7

The Australian Government should extend JobKeeper payments to all people seeking asylum and refugees on temporary visas who are employed and meet the JobKeeper requirements.

Lack of access to SRSS

- 5.20 For the past two years, an increasing number of people seeking asylum have lost access to financial and casework support under Status Resolution Support Services (SRSS) because of deliberate program redesign intended to significantly reduce the number of people able to access the financial safety net. Statistics on the number of people with access to the SRSS Program has not been made available for some time, however, we believe that there are fewer than 5,000 people who have access to the SRSS Program.
- 5.21 As the impacts of these cuts to the SRSS Program have grown, crisis services provided by charities and some state governments have reported that they have been unable to cope with the demand for support from Bridging Visa holders who are destitute. Frontline staff of these agencies face the daily stress of having insufficient resources to meet the needs of children and adults being forced into homelessness.
- 5.22 Many people who have been removed from SRSS over the last couple of years had been working and supporting themselves, only to find themselves now unemployed due to the crisis. Unfortunately, they are not able to access the SRSS Program because of the strict criteria, as the assessment reviews someone's ability to work, not the availability of appropriate work. As such, a person who was previously working but lost their job is likely to be assessed as able to work, without a decision-maker considering the current economic downturn or the safety of such work. RCOA has heard from several families and from support agencies about how people have sought assistance via the SRSS Program but were denied access because they did not meet the strict vulnerability criteria and because they had been previously working. This result then has a flow-on effect, with people being told by others to not re-apply or not apply at all because there has been no change to the Program eligibility criteria. Without access to the SRSS Program, people have been forced to seek help from friends, community members, and charities.
- 5.23 As a result, there may have been little visibility among the official channels of the Department of Home Affairs about the extent of the problem that people seeking asylum face during the crisis. RCOA and many other organisations have made representations to both the relevant Ministers and to the Department about the issue, and yet, there remains no shift in the Program criteria. The SRSS Program is a policy-based program, meaning it can be modified simply, without a change to legislation. The Australian Government has demonstrated over and over again during the COVID-19 pandemic that it can make sweeping changes quickly when it needs to in order to protect its citizens and residents. The lack of any modifications to the only program available to people seeking asylum appears to be a deliberate decision.

6 Specific impacts on temporary protection visa (TPV and SHEV) holders

People trapped overseas

- 6.1 SHEV and TPV holders are able to travel overseas under very limited circumstances, including travelling to see family members in a third country (i.e. not the country from which they fled). However, some people who have travelled overseas have now found themselves stranded in a third country due to COVID-19. Australian citizens and permanent visa holders are able to return to Australia and undergo quarantine for two weeks, while temporary migrants are prevented from entering Australia.

- 6.2 While the Government has made an exception for TPV and SHEV holders to return to Australia, the process has been very convoluted and without any clear guidelines and support to ensure residents are able to return to Australia safely. This is exemplified in the case of Amir, who was featured in a number of news reports:

An Iranian refugee under Australia's protection has managed to return home to Melbourne after initially being caught up in Australia's ban on non-citizens entering the country, and forcibly sent back to Europe where he potentially faced refoulement.

Amir is a refugee from Iran and lives in Melbourne on a Safe Haven Enterprise Visa (SHEV). A political dissident in his home country, Australia has formally recognised he has a "well-founded fear of persecution" in Iran, and he cannot be returned there.

Early this year, Amir sought permission from the Department of Home Affairs to travel to Istanbul to meet with his mother, as he has done previously. He flew to Turkey in early February. But when the COVID-19 pandemic spread across the world, Amir cut short his trip and boarded a flight back to Australia.

However, as he travelled back, Australia's ban on foreign nationals entering the country was announced and came into force. Only citizens and those holding permanent residency could enter.

In Indonesia, despite holding valid travel documents, Amir was refused permission to board his flight home, and was forcibly put on a plane back from where he'd flown – Amsterdam – with the threat he would be sent further back to Moscow and Istanbul.

There were fears too, that his refugee status might not be honoured in Moscow, and he could be refouled to Iran, in breach of international law.

However, after intervention from Amir's local MP, Labor member for Wills Peter Khalil, representations by the UNHCR and Australia's ambassador to the Netherlands, Amir was granted permission to stay in transit at the Amsterdam airport while an exemption was sought from the Australian government to allow him to travel home.

The exemption was initially refused by the Australian Border Force but after intervention by the acting immigration minister, Alan Tudge, the exemption was granted, allowing Amir to fly to Melbourne after days spent in an uncertain limbo in a foreign airport.²⁶

- 6.3 The mismanagement of these returning residents has caused significant hardships on individuals, and exposed people to a risk of being returned to harm in the country they fled from. It should not take an intervention from a Member of Parliament to ensure that Australian residents are able to return home safely.

The SHEV regional pathway requirement

- 6.4 People who hold SHEVs are anxious about the impact of the current pandemic on their ability to fulfil the pathway requirements of this visa. SHEV holders may apply for a limited range of permanent visas if they can provide evidence that they worked or studied in a designated

²⁶ Ben Doherty, 'Iranian refugee finally home in Australia after first being refused entry under travel ban', *The Guardian* (8 April 2020), <https://www.theguardian.com/australia-news/2020/apr/08/iranian-refugee-finally-home-in-australia-after-first-being-refused-entry-under-travel-ban>

“regional” area for 3½ years. SHEV holders must not access any social security payments (i.e. Special Benefit) in order to meet the pathway requirements and be eligible to apply for a subsequent visa.

- 6.5 During the COVID-19 crises, this places significant pressure on people to not access social security, pushing people to forego the Government’s instructions to stay at home and socially distance. This will cause a potentially devastating outcome where people may be forced to participate in activities which may spread the virus in the community.
- 6.6 SHEV holders who have already lost their employment are worried that accessing Special Benefit payments will impact upon their ability to fulfil the SHEV pathway. Therefore, many people who hold SHEVs are going without any income support in an attempt to meet the SHEV pathway. The arbitrary criteria of the SHEV pathway, and people’s worry about fulfilling them, may leave them destitute and even more at risk of COVID-19.
- 6.7 The pandemic has also made it even harder for SHEV holders to try to find appropriate work in a designated regional area. Border closures and limits to people’s ability to travel within their own state has meant that people who are seeking working in regional areas may be barred from doing so. Without ongoing employment, they will not meet the work pathway requirements and will not be able to apply for a subsequent visa.
- 6.8 The SHEV pathway criteria urgently need to be suspended during this time in order to protect SHEV holders and the Australian community.

Recommendation 8

The Australian Government should suspend the SHEV pathway requirement for the entire duration of the COVID-19 crisis to ensure that people are not disadvantaged for being unemployed or accessing vital social security.

7 Visa security and legal implications

- 7.1 The current visa system, which sees people apply for a Bridging Visa renewal and face either months-long delays or refusals without clear reasons, means that people who have made every effort to engage in the process face being forced into an irregular status, with no rights or entitlements. The latest statistics from the Department of Home Affairs (March 2020) show that **2,275 people are still awaiting a renewal** of the Bridging Visa E (BVE).²⁷ The Department’s statistics show that thousands of people seeking asylum have been waiting for a renewed BVE in each reporting period for several years. People seeking asylum face becoming unlawful with no rights and entitlements as a result of a lack of flexibility to deadlines. Bridging Visa holders also fear that they might be put in detention when they become unlawful if their subsequent application is not renewed in time.
- 7.2 While community legal centres continue to operate remotely, many charities and volunteer organisations who assisted people in filling forms related to visa applications and renewals have had to suspend these services. This has created a significant barrier for people to remain lawful and maintain their access to rights that are linked to visas, such as Medicare and work rights.
- 7.3 While some Bridging Visa holders have access to Medicare, the lengthy delays in the renewal process of their Bridging Visas has interrupted their access to Medicare during a public health

²⁷ See Department of Home Affairs, ‘Onshore processing statistics’, <https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/onshore-processing>

crisis. This fragmented access to Medicare has discouraged people from seeking medical attention, even when they fall sick, as they fear being charged extra fees in COVID-19.

- 7.4 The most significant issues they face is that every time their Bridging Visa expires, they need to wait often months for another visa to be granted. This is due to the very short duration of their visas, with many ranging from just three to six months. Some people face this uncertainty with their visas and access to Medicare for months. In many cases, people receive their renewed Medicare card just when their Bridging Visas expire, which then forces them to apply for a new Medicare card once again. Without clear access to healthcare, they remain vulnerable to getting sick and contracting the virus, and as a result, face increased risks to their health and to the health of the public.
- 7.5 The current Ministerial guidelines on visa processes do not clarify what options are available if a person has missed a deadline due to COVID-19. For instance, if there was confusion about whether they could leave their house during the stay-home orders, or because of illness, or inability to access assistance, etc. Such matters ought to be referred to the Minister to allow for the bar on further visa applications to be lifted to recommence processing or re-open application pathways.
- 7.6 People seeking asylum need security in the visa they hold, security in knowing their applications will be processed in a timely way, security in knowing they will have work rights and Medicare. Visa grants and renewals need to be simplified and prompt.

Recommendation 9

The Australian Government should:

- a.) Take a proactive approach in reminding people their visas (including Bridging Visas) are going to expire;***
- b.) Ensure all relevant bars are lifted for applications prior to their current visa expiring;***
- c.) Efficiently process all visas, especially where a person faces being unlawful, to ensure there are no gaps in processing leaving people without a visa for weeks or for months, and***
- d.) Make changes to the Ministerial guidelines to reflect that when a person has missed a deadline due to COVID-19 impacts, there is flexibility and provision for visa renewal and application recommencement.***

8 Implications for the Refugee and Humanitarian Program and family reunion

- 8.1 The COVID-19 pandemic has meant that the Australian Government will not reach its target of 17,100 offshore refugee resettlement visas in 2019-20. The United Nations High Commissioner for Refugees (UNHCR) will also not achieve its goal of supporting the resettlement of 70,000 refugees globally in 2020.

UNHCR and IOM shift focus to emergency resettlement only

- 8.2 As of 17 March 2020, UNHCR has put a temporary hold on resettlement departures organised by this agency and IOM.²⁸ Travel for refugees resettling through other pathways (including Australia's Special Humanitarian Program) has also been greatly affected, with international air travel much reduced and many embassies suspending visa services and applications.

²⁸ See UNHCR, 'IOM, UNHCR announce temporary suspension of resettlement travel for refugees', 17 March 2020, <https://www.unhcr.org/news/press/2020/3/5e7103034/iom-unhcr-announce-temporary-suspension-resettlement-travel-refugees.html?fbclid=IwAR0o7YK3YcGvHdWnHypI0TsigM3Wpnl1gPoqmfnyuhO0yYS2-upMDsBPqk>

UNHCR and IOM continue to work on processing resettlement applications for a small number of the most critical emergency cases. In anticipation of the resumption of resettlement in the future, work is still progressing on other resettlement applications, particularly those where interviews were conducted prior to the full impacts of COVID-19 being felt.

- 8.3 Prior to the pandemic, nearly 9,700 refugees referred by UNHCR had departed this calendar year to resettlement countries. This represented a 36% decline on resettlement departures as compared to the first quarter of 2019. In the first quarter of 2020, UNHCR operations in 53 countries had submitted more than 14,000 resettlement submissions to 21 states for resettlement consideration. However, with resettlement effectively suspended for the time being, UNHCR now cannot reach its goal, outlined in the UNHCR three-year resettlement strategy, of resettling 70,000 refugees in 2020.²⁹
- 8.4 IOM has reported that the COVID-19 pandemic has led to the cancellation of travel plans for 9,353 refugees it had planned to help resettle between February and the end of May 2020. Despite the general lockdown, IOM has still managed to arrange the emergency resettlement of 102 refugees to Germany, the USA, Canada, Luxembourg and Australia in recent weeks. IOM staff remain in close contact with resettlement states about urgent cases and other possible resettlement options. In contemplating the resumption of resettlement, IOM has noted that international travel might never return to the previous version of normal operations.

Australia's offshore program stalls at two-thirds of annual target

- 8.5 Australia has previously reported that the granting of offshore humanitarian visas was suspended on 19 March 2020. Travel restrictions mean that only Australian citizens and permanent residents and those given an exemption can enter the country. While no further grants of visas have taken place since 19 March, the Department of Home Affairs is continuing to progress applications to prepare them for the time when the granting of visas resumes. Australia had been planning a refugee and humanitarian program of 18,750 places in the 2019-20 financial year – around 17,100 offshore refugee and humanitarian visas and around 1,650 permanent onshore protection visas. As at 17 April, 11,504 offshore refugee and humanitarian visas had been granted, 67.3% of the annual offshore visa target. The small pilot program to resettle unaccompanied humanitarian minors had reached 80% of the annual target and the resettlement pilot for LGBTIQI refugees had achieved 57% of the target. As at 17 April 2020, Australia had granted 12 emergency rescue (subclass 203) visas in 2019-20 and was considering another 22 in close cooperation with UNHCR and IOM, noting the practical challenges of arranging travel to Australia.
- 8.6 Settlement service providers are continuing to provide support to recently arrived refugees, particularly orientation, intensive and sensitive referrals and English language learning. Services have been adjusted to meet the government's social distancing requirements.

Family reunion impacts

- 8.7 RCOA understands that no new Refugee or Global Special Humanitarian visas are being issued. Considering the significant demand for this visa and the limited availability of places, families who primarily use this visa to be reunited have already been waiting for years. We are now concerned that this new development creates added uncertainty for people who were about to receive their visas and puts them at further risk. They continue to live in areas with severely under-resourced healthcare systems with unequitable access. Many of those areas have been hardly hit by COVID-19 pandemic. We are aware of cases where people, under the

²⁹ See UNHCR, 'Three-year Strategy on Resettlement and Complementary Pathways', June 2019, <https://www.unhcr.org/en-au/protection/resettlement/5d15db254/three-year-strategy-resettlement-complementary-pathways.html>

impression that they were about to receive their visas, did not extend their lease and are now facing an unstable housing situation. We note that applicants for these visas go through one of the most intensive health assessments in the final stages of visa processing. Refugee and Global Special Humanitarian visas are permanent refugee visas and the holders go on to become Australian permanent residents and then citizens. RCOA believes that the Australian Government should continue to issue these visas. The risk of international travel can be addressed similarly to the risk posed by any returning resident, through self-isolation or quarantine. Settlement support organisations and host communities have the expertise and the resources necessary to support these new arrivals remotely or with fewer face to face contacts, if needed.

- 8.8 The closure of Australian borders has affected many people in different ways, and many were left separated from their families who live overseas. The situation is dire for thousands of refugees on TPVs and SHEVs who have no access to family reunion under those visas. Some have been separated from their immediate families for up to 8 years while navigating their ways through Australia's complicated Refugee Status Determination system and the constant changes of policy (many of which were retrospective).
- 8.9 As highlighted in Amir's story of visiting his mother (Section 6.2), refugees on temporary protection visas are limited to seeing their families to when they get permission from the Australian Government to travel overseas to a third country. With travel outside Australia banned for the foreseeable future, refugees on temporary protection visas have no option to see their immediate families. Despite Australia's recognition that it owes them protection, they cannot become citizens and cannot apply for family reunion.
- 8.10 There are hundreds if not thousands of refugees on TPVs and SHEVs who have had to place their long-awaited plans for family reunion on indefinite hold during this pandemic. When they can finally see their families not only depends on how well Australia manages this crisis but also on how other countries do. It is very unlikely that the Australian Government grants these families any form of temporary or tourist visa as the fact that their relatives sought asylum in Australia makes them 'high risk'. The only way to reunite is by travelling to a third country, making the whole situation much more complex and dependent on so many different factors.

9 Translated resources and the digital divide

- 9.1 As the pandemic unfolded, useful information was made available on Commonwealth Departmental websites. Unfortunately, the availability of meaningful translated material took considerable time to appear. As the information changed constantly, updated English information was made available, but there was still a considerable lag time to translated materials. Much of the translated materials quickly became outdated and left communities searching for answers.
- 9.2 The translated information around best practices in relation to hygiene, social distancing and self-isolation have been very useful for refugees who are literate in their first language. However, while these materials have been modelled in a way that is easily understandable, this has meant that the information have not been detailed enough to match the versions of essential information available in English. The translated materials on the Commonwealth departmental websites were also quite limited in the first few weeks of the pandemic: in late March, when the stay home orders were in place and the public health information was most vital, the Commonwealth Department of Health had materials in only 8 languages, while state health departments like Victoria had materials in over 48 languages.
- 9.3 Refugee community members raised the issue of the limited nature of translated information about financial assistance and stimulus packages made available to them. Communities have reported that they have been relying on the word of mouth circulating within their groups by

community leaders or informal community translators about important information on JobSeeker, JobKeeper and the other Government responses measures which they vitally need. While the role of community leaders is important in guidance and provision of information, it has meant that this information may be compromised due to the fast-paced nature of updates and lack of independent oversight to ensure accuracy of the information being shared orally. There have been experiences among some communities of widespread confusion and misinformation.

- 9.4 Some refugees came to Australia having faced substantial disruptions to their education because of their forced displacement. As a result, some people have low literacy in their first language. Increasingly, community members have had to rely on their children, who are fluent in English, to help them navigate the plethora of incoming information about health, new rules, and financial assistance. This has proven to be difficult for young people in refugee families, as they are both navigating their new environment during the COVID-19 pandemic, including online learning or working from home, while also guiding their parents through COVID-19 instructions and ever-changing restrictions due to the unavailability of audio-visual versions of the key information.
- 9.5 Where available, refugee community members who are not literate in their first language and in English have relied on audio recordings and videos shared by SBS, some settlement agencies and some government departments (both state and Commonwealth). However, the lack of centralised availability of these resources has meant that access to vital information during COVID-19 pandemic has been limited. While some apps have been developed to cater for multicultural communities, these apps often do not include the many languages refugees and people seeking asylum speak.

Recommendation 10

The Australian Government should prioritise developing improved ways of communicating – especially during crises – to multilingual communities in Australia. Partnering with refugee community organisations is a vital first step in getting the process right in order to:

- a.) Present important information in audio, visual, and interactive guides in addition to translated materials on available on government websites.***
- b.) Ensure this way of presenting information be embedded in Commonwealth government department processes for communicating information to the public, with information centralised and easily accessible in diverse languages and methods of communication.***

10 Mental health implications

Overwhelming distress

- 10.1 People from refugee and asylum-seeking backgrounds often arrive in Australia with considerable resilience, especially in light of their forced migration experiences and pre-arrival trauma. Unfortunately, their experiences in Australia can contribute to the deterioration of their mental health: the years-long delays in the assessment of their protection claims, the temporary nature of their visas, their time spent in immigration detention all contribute to psychological trauma and distress. It can also thwart their ability to recover from their past trauma, including experiences of persecution and torture.
- 10.2 Even with these challenges, most people seeking asylum have been able to find ways to support themselves and hold onto hope. The uncertainty and fear from the COVID-19 pandemic and its economic and social impacts has meant that people's mental and emotional resilience has suffered even more. The COVID-19 pandemic has had an impact on people's

social, economic, and legal situation, and people are suffering distress and overwhelming anxiety.

- 10.3 The added mental stress, particularly for people seeking asylum, during COVID-19 has been a result of not having access to a basic safety net. Their exclusion from all government assistance and social security measures to pay for food and shelter has meant that many people seeking asylum have been forced to move to overcrowded housing and to also skip meals and medication. These practices have put them at greater risk of contracting the virus and has also increased their anxiety.
- 10.4 As several people seeking asylum from Afghanistan told us:

When we do not have enough food to eat, do not have any shelter or accommodation to be physically protected, and have no income to look after ourselves, there is no amount of mental health support that can help us.

- 10.5 The Federal Government sent a very strong message that temporary visa holders should “go home” as quickly as possible. This has been a cause for confusion and panic for refugees who do not have permanent protection. This has been especially concerning for people seeking asylum whose Bridging Visas have expired and for SHEV and TPV holders whose substantive visas are set to expire, and they need to reapply for protection all over again. Many constantly worry about not being able to claim protection or access other categories of visas and risk being sent back to their home countries where they will be subjected to persecution and human rights violations, as well as exposed to COVID-19 health risks. People seeking asylum and refugees on temporary protection visas do not have the luxury or privilege of being able to go home: instead, they constantly battle with the uncertainty and stress that their visa affords them, with the additional fear of being sent home to persecution.
- 10.6 Specialist asylum support services have advised RCOA that while they have observed distress and anxiety previously, the current situation is the worst they have ever experienced. People who have suffered extraordinary hardship for many years and yet were still resilient have now presented to these agencies in a desperate state. The agencies alerted us to the impact it was having on people’s cognitive functioning and their ability to engage in everyday decisions and tasks. It is troubling, then, to consider what it will mean for people’s ability to engage in the complicated and lengthy refugee protection process.

The impact of family separation on the mental health of refugees

- 10.7 Many refugees attribute their major psychological distress to family separation. COVID-19 has contributed to this distress, as people seeking asylum and refugees on temporary protection visas such as TPVs and SHEVs have families in conflict zones and other unsafe environments, like refugee camps. Thousands of refugees and people seeking asylum are cut off from immediate family members who live in countries with poor health systems and ongoing conflict. People here in Australia feel helplessness and hopeless and also feel guilt over not being able to protect their families in these conflict zones. Worldwide travel restrictions are currently limiting people ability to reunite, but for refugees on temporary protection visas, it is Australian Government policies that prevent them from reuniting with their spouses and children.
- 10.8 Many refugees on Protection Visas (subclass 866), most of whom have waited for more than eight years to reunite with their families, have faced ongoing delays for their Partner Visa applications. Departmental officials have repeatedly advised them to self-refer to mental health and psychological support services to deal with the delays and lack of progress in their applications, many of which have exceeded five years. Refugees in this situation have told us about their increasing distress and anxiety over the delays and the impact that the global pandemic will have for their opportunity to see their families once again.

11 Conclusion and recommendations

11.1 The Australian Government has made remarkable and life-saving decisions about how to support Australians and Australia through this crisis. As we have outlined above, however, there are gaps in this support that has left vulnerable people at risk. The Refugee Council of Australia wishes to see people seeking asylum and people from refugee backgrounds included in the widely available support structures so that they can join in rebuilding and revitalising Australia after this pandemic.

Recommendation 1– Immigration detention

The Australian Government should immediately release low-risk people in immigration detention into the community, either into residence determination or onto Bridging Visas with financial assistance and Medicare. Until their release, the Government should detail its process for individualised risk assessments and its reasons for people’s continued detention, including why it continues to detain many people recognised as refugees, in direct contravention of our responsibility under international law.

Recommendation 2 – Offshore processing

In order to protect both the refugees and people seeking asylum in PNG and in Nauru, as well as the local population, the Australian Government should immediately transfer back to Australia all people who were subject to regional processing.

Recommendation 3 – Access to Medicare

The Australian Government should grant all people seeking asylum access to Medicare to ensure that they can remain safe during the pandemic.

Recommendation 4 – Access to a safety net

The Australian Government should extend JobSeeker access, or the equivalent Special Benefit, to people seeking asylum so that they can pay rent, cover their utilities, and care for themselves until they are able to secure employment again.

Recommendation 5 – Impact on recognised refugees

The Australian Government should remove the assets test for Special Benefit to bring it in line with the requirements of JobSeeker.

Recommendation 6 – Impact on recognised refugees

The Australian Government should allow students on a TPV or SHEV to access Special Benefit while studying to prevent destitution and homelessness during this crisis.

Recommendation 7 – Access to JobKeeper

The Australian Government should extend JobKeeper payments to all people seeking asylum and refugees on temporary visas who are employed and meet the JobKeeper requirements.

Recommendation 8 – Impact on refugees on SHEVs

The Australian Government should suspend the SHEV pathway requirement for the entire duration of the COVID-19 crisis to ensure that people are not disadvantaged for being unemployed or accessing vital social security.

Recommendation 9 – Visa security and legal status

The Australian Government should:

- a.) Take a proactive approach in reminding people their visas (including Bridging Visas) are going to expire;**
- b.) Ensure all relevant bars are lifted for applications prior to their current visa expiring;**
- c.) Efficiently process all visas, especially where a person faces being unlawful, to ensure there are no gaps in processing leaving people without a visa for weeks or for months, and**
- d.) Make changes to the Ministerial guidelines to reflect that when a person has missed a deadline due to COVID-19 impacts, there is flexibility and provision for visa renewal and application recommencement.**

Recommendation 10 – Translated materials and the digital divide

The Australian Government should prioritise developing improved ways of communicating – especially during crises – to multilingual communities in Australia. Partnering with refugee community organisations is a vital first step in getting the process right in order to:

- a.) Present important information in audio, visual, and interactive guides in addition to translated materials on available on government websites.**
- b.) Ensure this way of presenting information be embedded in Commonwealth government department processes for communicating information to the public, with information centralised and easily accessible in diverse languages and methods of communication.**