



**Women's  
Health  
Tasmania**



# **Talking to women on temporary visas**

LUCINDA SHANNON

## Acknowledgement of country

Women's Health Tasmania's office is located, and this report was written, in nipaluna/Hobart, part of the traditional lands of the muwinina people. We acknowledge that these lands were taken in a process that was both violent colonisation, and mass migration.

We acknowledge and pay respect to the Aboriginal community as the traditional and original owners of lutruwita/Tasmania. We pay respect to their elders, past and present.

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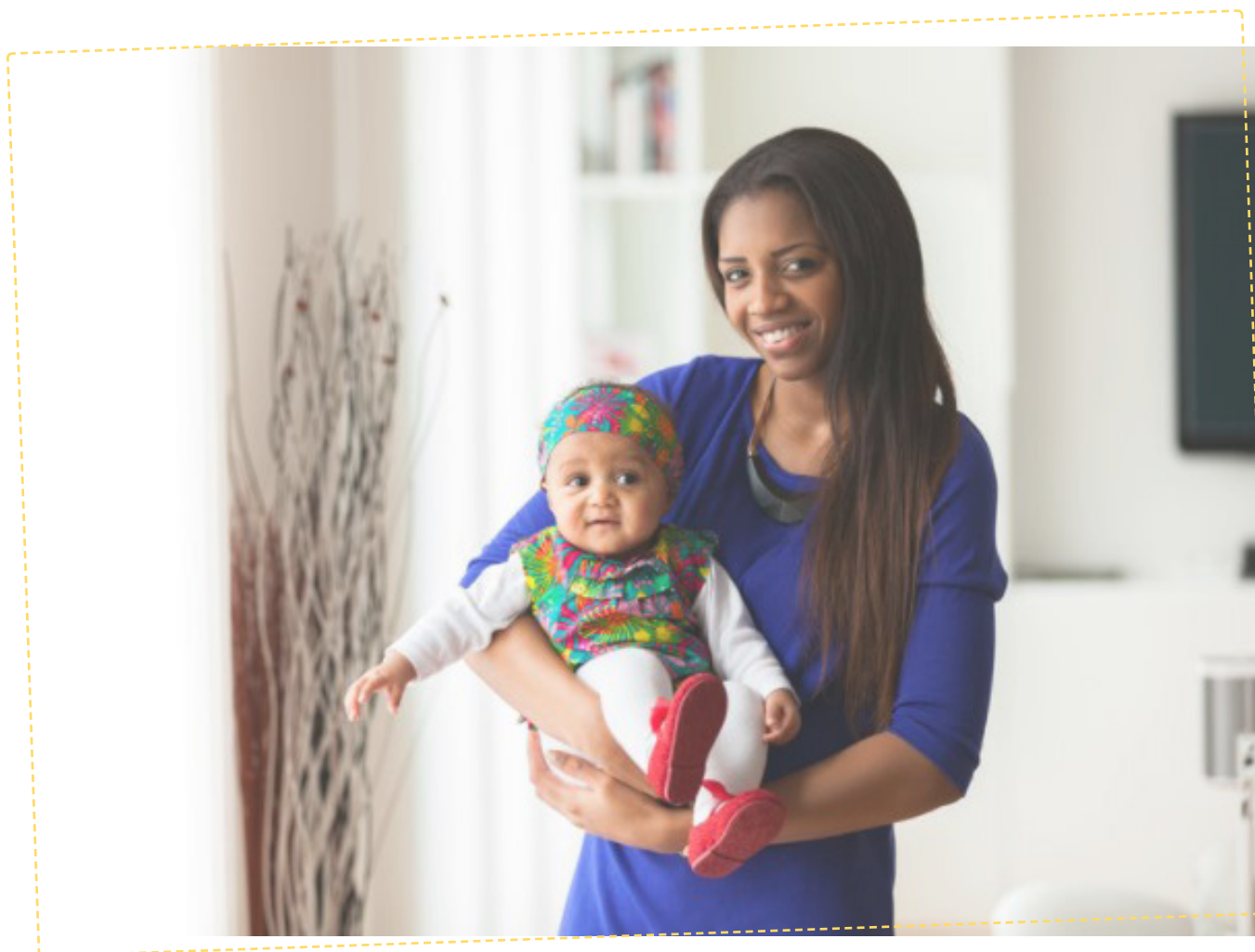
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A photograph of a baby lying down, looking up, with a purple overlay. The text is positioned in the upper left quadrant of the image.

**PART 1:**  
**WHY WE NEED TO  
HAVE THIS TALK**

# The temporary visa system creates extreme vulnerability

Our conversations with women on temporary visas and with the services that work with them showed that women who come to Australia as 'temporary' migrants are very vulnerable to poor health outcomes.

In Australia, there's a stark division between people who are considered 'temporary' and those considered 'permanent'. This has created an inequitable system where 'temporary' migrants often forgo health care as they are forced to prioritise other cascading financial pressures.

The women we talked to told us that:

- They delayed accessing health care because of cost.
- Private Health Cover did not always meet their health needs. The system was expensive and slow and did not cover all health expenses.
- Health crisis and financial crisis were often intertwined leaving them with significant debts or needing to access emergency relief.
- The Australian health system was difficult to navigate because of cultural barriers, language barriers and the 'unfamiliarity' of a system so different from the one they had come from.
- Visa requirements and working conditions were significant situational stressors that led to mental and physical health challenges.
- The opacity of the visa system and the sense of being 'temporary' in the long-term had negative impacts on their mental health and wellbeing.

The women's stories and discussions we had with other services highlighted that sexual and reproductive health care carried particularly high risks.

We heard that:

- Private Health Cover left many women who had babies to cover their own antenatal and maternal health care costs.
- Women incurred large debts as a result of taking up antenatal and birth care in Tasmania.
- Services were concerned that pregnant women were "rationing" or delaying regular maternity checkups as a way of managing cost.
- Women were likely to incur more costs because of their pregnancy if they lived in the North West of Tasmania.

Antenatal care is critically important for the health and wellbeing of mothers and babies with direct consequences in terms of birth complications, even morbidity. Delaying or rationing care for any health condition can have lasting impacts. It can mean more adverse health impacts, bigger health costs for individuals and more complex interventions required from the health system.

Early intervention is crucial, but the women told us that cost stopped them from accessing the health care they need.



Front line community sector organisations like Women's Health Tasmania saw an upswell in the numbers of people on temporary visas who needed help after the onset of the COVID-19 pandemic. Border closures and sudden job losses shone a light on how precarious life on a temporary visa is.

While there are a few exceptions, most temporary visa holders:

- Are Medicare ineligible. Some visa holders are mandated to pay for Private Health Cover, but others are not.
- Are not eligible for the Pharmaceutical Benefits Scheme.
- Are not eligible for social security payments such as Crisis Payments, Commonwealth Rent Assistance, Disability Support or Carers Payments. During COVID-19 temporary visas holders were not eligible for Jobseeker or Jobkeeper payments.
- Are not eligible for state-based concessions systems, such as relief on electricity bills, bus fares, vehicle registration, spectacles, school fees and uniforms, or state services such as the Public Dental Service.
- Are not eligible for housing support through State based homelessness service, Housing Connect.
- Are not eligible for State funded public housing and may have limited eligibility for community housing.
- Generally, are not eligible for Settlement Engagement and Transition Services (SETS)<sup>1</sup> client support.

Temporary visa holders are expected to be totally financially self-reliant while in Australia, including when it comes to health care. But this idea is patently false when we explore the context in which temporary visa holders live.

Information from the 2021 Graduate Outcomes Survey showed that international graduates were less likely to be employed full-time, earned considerably less, and were more likely to report working in an area that did not utilise their skills and training.<sup>1</sup> Temporary visa holders also reported that a barrier to employment was not having permanent status.

Evidence tells us that the nature of workplace relations and the absence of a financial safety net has produced a situation where people on temporary visas are at risk of labour exploitation and poor health outcomes.

Australia is setting up the conditions for a migrant underclass where compounding layers of disadvantage will have long-term negative impacts on peoples' lives and on their communities.



1 There are some exceptions – provided criteria are met: <https://immi.homeaffairs.gov.au/settling-in-australia/sets-program/sets-client-services>

### What can we do?

Looking at what women and service providers told us as we did our research, it's clear that things can be done to improve this situation.

#### 1. **Antenatal and perinatal health through the Tasmanian public hospital system could be made free for temporary visa holders.**

Currently, fee waivers are granted on a case by case basis. This sets up a situation where women cannot simply put their health first. It also means services cannot simply encourage women to attend appointments, knowing that there will be no charge. Without the safety net of free access to antenatal health we put women and their babies at risk of poor health outcomes.

The Tasmanian Government should guarantee a cost waiver for women on temporary visas whose pregnancy and birth costs are not covered by insurance.

Women of migrant and refugee backgrounds already experience barriers to accessing antenatal health. Removing cost of services and communicating this to migrant populations in Tasmania will make care accessible for pregnant women and their families.

#### 2. **The Federal Government could require private insurers to cover pregnancy and birth costs in the first 12 months.**

In 2011, the Federal Government allowed Private Insurers offering Overseas Student Health Cover to international students and their families to stop covering pregnancy and birth care in the first 12 months of the policy. Other visa holders are also bound by the same restrictions as Australian citizens and residents: pregnancy is not covered by private insurers in the first 12 months of the policy.

Australian citizens and permanent residents have the option of all their pregnancy costs being covered by the public health system. Temporary visa holders do not.

This shifts antenatal and birthcare costs onto individual women, and in cases of extreme hardship, onto State health systems.

The Federal Government could regulate Private Insurers to ensure that pregnancy and birth costs for any temporary visa holder are covered as soon as they take out a policy.

Without this guarantee to cover the costs of pregnancy, women are significantly disadvantaged. Currently women on temporary visas face a situation where a termination of pregnancy is more affordable than having a baby in Australia – a profound and troubling limitation of a woman's right to choose.

Reducing the financial burdens on women temporary visa holders will mean greater equity of access to maternal health services and better health outcomes for these women and their children. It also means women can make the choice that is right for them and their family.



### **3. The visa categories that are Medicare eligible could be expanded.**

The Australian Government's 2021 Intergenerational Report says Australia is dependent on overseas migration for population growth<sup>2</sup>. Half of all temporary migrants in Australia go on to become permanent residents.

The Federal Government should make Medicare available sooner for those on a pathway to permanent migration. Making Medicare available to temporary migrants can improve the health outcomes of the Australian population generally.

Making Medicare available to more temporary visa holders will also reduce the financial burdens that contribute to poor mental health and uptake of primary health care.

### **4. Both State and Federal governments can fund programs to support women migrants to navigate Australian health systems. These programs could have a focus on antenatal, sexual and reproductive health – areas of urgent need.**

The need for culturally inclusive health care for women has been articulated by researchers, organisations, and women themselves.

Models that utilise the lived experience of women of culturally and linguistically diverse (CALD) backgrounds are a good way forward. This could be done by expanding funding for bicultural health workers, funding specific bicultural maternal health workers, or funding programs that co-designed antenatal, maternal, sexual and reproductive health information.

### **5. Federal Government has the power to improve the processing times for visas and they should do this. State governments could also improve the processing times for state nominations.**

The impacts of 'visa stress' on mental health are profound and long lasting. The high level of psychological distress experienced by temporary visa holders seeking to migrate to Australia will be significantly reduced if visa processing times can be improved. Visa stress was repeatedly cited by women and services as a barrier to good health.

### **6. Family violence services that address the needs of women on temporary visas can be designed and funded.**

Family violence service delivery, both the counselling and legal advice, are highly specialised areas of work. Yet across the community, these services have funding that is insecure and inadequate to the level of community demand.

Family violence services already work with women on temporary visas, but some of the barriers that women on temporary visas face are unique. There is a critical need for refugee and migrant specific family violence legal services where lawyers can specialise in the arcane complexity of visa requirements.

### **7. The State government could consider ways of supporting health and social services to undertake culturally inclusive workforce and organisational development.**

Measures of success could include:

- Improving the numbers of people in the workforce with cross-cultural lived experience.
- Funding health organisations to recruit, train and permanently employ bi-cultural health workers.
- Increasing uptake of translation services in work with clients or patients.
- Growth in the funding opportunities for organisations to design programs with and for CALD communities, temporary visa holders and refugees.

### **8. The health needs of people on temporary visas can be acknowledged and supported by the Tasmanian government when planning for population growth.**

Improving the support for migrants, whether temporary or permanent is a way to encourage migrants to Tasmania and to ensure that their health outcomes keep pace with those of Tasmanians.

Building in consideration of the needs of new arrivals – whether permanent or temporary – will improve our health system for everyone.

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2 Wade, M. 'Migrants will make up 75% of Australia's population growth, says intergenerational report', Sydney Morning Herald, June 28, 2021, [Migrants will make up 75 per cent of Australia's population growth, says intergenerational report \(smh.com.au\)](https://www.smh.com.au/national/migrants-will-make-up-75-per-cent-of-australia-s-population-growth-says-intergenerational-report/2021/06/28/)



# **PART 2:** **WHAT WOMEN TOLD US**



### Before we begin...

We use the terms 'country of origin' and 'home' interchangeably to reflect the language of the women we spoke to.

Our original question in this series is 'what's working to keep you healthy?' After feedback from women that this question was confusing, we adapted it to 'what helps you be healthy in Tasmania?'

While perhaps a straightforward lesson, it's also a powerful one in terms of thinking about what is taken for granted when you have the privilege of being part of the dominant culture. Working, living, and getting health needs met in a cross-cultural context is something that people on temporary visas navigate every day and our conversations with women revealed a range of systemic challenges.

We offered women translation services but the women who spoke with us said they did not want interpreters. The women we spoke to had excellent English skills – something that not all visa holders have when they arrive in Australia. Navigating health systems without English is challenging and results in real harm being done to women.<sup>3</sup>

We are so grateful to the women we spoke to for their generosity, bravery, and willingness to talk with us about what was described by all the women as a difficult journey. We honour their skills, strength, and tenacity in navigating a new country, restrictive visa conditions and a time of immense change.

### Who did we talk to?

We spoke to 15 women. The information was gathered through interviews and a focus group. The youngest woman we spoke to was 18 years old, the oldest was 30. The women came from West African, Asian, South Asian, and East Asian countries.

None of the women reported having been diagnosed with a mental health condition or disability. None of the women identified as being part of the LGBTIQ+ community.<sup>4</sup> The women lived in Hobart and Launceston.

All the women were on temporary visas. There is a plethora of different kinds of temporary visas – all with different time periods, financial costs and work rights.

Some of the women were on student visas; all of them had spent time on a student visa or a partner visa while their partner was on a student visa. On student visas they could work a maximum of 20 hours a week, or 40 hours a week in the agricultural sector. Since we talked to the women, the Department of Immigration has temporarily lifted all working restrictions from student visas to allow international students to work more than 40 hours in any sector due to workforce shortages.<sup>5</sup>

All the women we spoke to were working or had been working while in Australia. Two of the women had recently had babies and were unable to work as a result. While they were open to working, and one was actively seeking work, the kind of work they could do was limited because they could not afford childcare.

3 Darmadi, M. 'Worse outcomes during childbirth for Australia's migrant and refugee women, experts say'. 3 Jan 2022. ABC Online. <https://www.abc.net.au/news/2022-01-03/childbirth-antenatal-non-english-speaking-women-language-barrier/100726510>

4 A diversity of ways of talking about and understanding gender identity, sexuality and sex characteristics diversity exists throughout the world. Not all people who engage in or experience same gender attraction or gender diversity will use the words Lesbian, Gay, Bisexual, Transgender or Queer to identify themselves. Further, there's much diversity across the globe to the way Intersex variations are described and identified. While gender identity and sexuality are sometimes thought of as more 'taboo' in some cultures, it's important to recognise that this is sometimes rests on reductive understandings of culture as static.

5 Temporary changes to visa work conditions. Department of Home Affairs. (19 Jan 2022). <https://immi.homeaffairs.gov.au/news-media/archive/article?itemId=813>; Temporary relaxation of working hours for student visa holders. Department of Home Affairs. (2022). <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/temporary-relaxation-of-working-hours-for-student-visa-holders>

# What helps you be healthy in Tasmania?

## The environment of Tasmania

Many of the women we talked to said that the environment of Tasmania helped them be healthy. Whether it was the ability to engage with natural places, hiking, swimming, camping or the relative 'quiet' of Tasmanian urban environment, women said that it had positive impacts on physical and mental health.

For some the difference of Tasmania was a welcome change of pace. For others, Tasmania's natural beauty reminded them of home. Some appreciated the quality of life that Tasmania offered during the COVID-19 Pandemic.

*"It's the perfect place to go out, there are so many activities, camping, hiking, swimming. It doesn't cost that much."*

*"The people and the environment, not just for physical health but mental it's been really good. It's not too crowded. The fact that we didn't have COVID for so long was good for us."*

## Personal strategies for health

The women linked health to being able to make healthy choices. For some women this meant access healthy food and being able to cook the dishes from their home country.

*"Good food, I don't eat junk food. I cook my own food. I prefer my African food. Most of the vegies I buy at Woolies. I don't really exercise but I try to avoid junk food."*

For other women, going to the gym and engaging with physical work was part of what kept them healthy.

*"I've started going to hit the gym to increase my stamina, to help me to work more. I'm trying to be healthy by taking different supplements... I've also gone and got a blood test just to know if there is anything wrong, and to know if I need to put anything in my body to prevent getting sick. It's very risky to be sick."*

As we will see, health, work and visa requirements were often at the forefront of women's minds. Engaging in preventative health measures was part of being able to succeed in Tasmania and fulfil stringent visa requirements.



### Connections and belonging in a time of COVID-19

In the absence of biological family, time and connections with community and friends became even more important to stay healthy and get through mental and physical health challenges. All the women we spoke to had experienced a sense of sadness at being cut off from family due to the borders closing and being unable to travel. At the time they talked with us, most of the women had gone for years without seeing parents and other family members.

*"I accepted the fact I wouldn't go home for a long time, but I didn't expect it to last for this long... At least we have here [this small group of friends] who have been there for each other... without them it would have been really hard."*

All the women had lived for several years in capital cities on mainland Australia before coming to Tasmania. The large and diverse cultural populations of cities of Melbourne and Sydney meant they could easily find friendship networks, relatives, cultural life, and foods there. It was harder to find community connection in Tasmania. Nevertheless, women had been able to find ways into community through host families, church groups and work.

*"With my background and culture, we don't come from a party background... in this town it's really hard for me to find people like that. I am very thankful that I have a set of friends that I don't have to be different in front of...[it's the] most significant factor to living in Tasmania. They helped me. It gives me a sense of belonging, like I belong here."*

*"My host family are locals – they know things, they care like a family would care."*

The separation from family of origin had complicated impacts on health. There was a great emotional toll from being separated for so long and without any certainty about when families could be reunited. Women talked about not sharing their struggles and health problems in Australia with family in their home country; they didn't want to worry their families. While difficult, some women had turned this into a motivation to stay healthy.

*"I've come to the point where I value my health over anything else. And more than physical health but really about mental health. [Back in my home country] my parents were literally behind me throughout everything. I had that support. Sometimes when I am upset, I don't want to call and tell them because then they are going to be upset and feel helpless because they can't physically be there for me... so because I want to think about them, I think about my health and because of that I've stopped overworking, I take vitamins, I take time off... I think about it now as a long-term concern."*

Connection to family and networks also provided important health knowledge. One woman shared that her grandparent had health knowledge associated with traditional medicines and that she would call this elder for advice about health. Others had family networks that were sources of health knowledge.

*"I think what keeps me healthy is my mother calling me up and telling me to take my vitamins."*

*"I didn't go to a doctor before, even if I was sick. But I started going... [a friend from my home country] really pushed me, I wouldn't have gone except for her."*

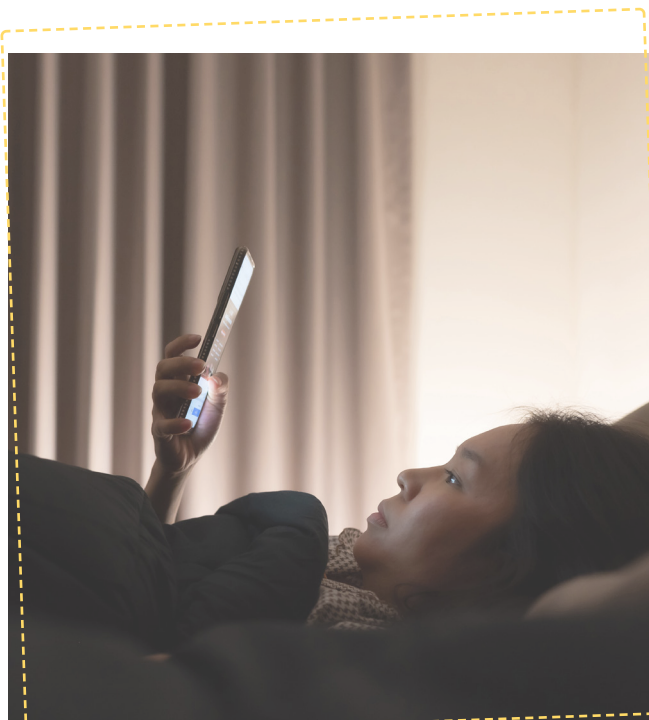
*"A lot of us don't have vitamin D coming naturally. Lots of friends go to the doctor because they are getting patches on their skin... My mother only knows because her friend lives in Melbourne and her doctor told her..."*

### The Pharmacist as a health provider

The women told us that the pharmacist was their preferred first stop on any health journey.

Free advice, and inexpensive over the counter medicines and treatments made the pharmacist an accessible site of health care for the women.

The women valued that the pharmacist would tell them if a doctor's opinion was required. It saved going to the doctor and paying an out-of-pocket cost for something that was treatable out of the doctor's surgery.



# What makes it hard to be healthy?

## **“Everything is money here”: Poverty and financial strain**

*“Do you want to go to GP, or do you want to pay your groceries?”*

*“I’d prefer to pay my rent and bills before going to care for myself or go to the doctor...there’s so many things that we should really get checked out but it’s all so expensive. For me, I am hesitant to do it.”*

The cost of healthcare was a constant struggle for women on temporary visas. For this group of women<sup>6</sup> seeking medical help from a GP or specialist was not affordable. For most women, paying for health care came after paying for rent, groceries, children’s needs, and the many other expenses that arise from being on a temporary visa. Some women voiced the idea that the cost of health care, including hospital stays, was more expensive in Tasmania than in other parts of Australia.

*“The cost is horrible. I don’t know about other states but I’ve been to NSW, but the cost there is totally different.”*

*“For me it’s \$70-\$80 out of pocket. We can do so much with that money if we send it back to our families.”*

*“If I am sick I prefer to take medicine at home rather than pay \$75. I have pain in my teeth and gums, but I don’t go to the dentist because I prefer to pay my daughter’s fees first... when I tried to use my health insurance, it was going to still cost \$1200.”*

## **Health insurance**

While health insurance covered some of the women’s medical expenses, the women said that insurance did not take away the financial pressures associated with health care in Australia.

A main reason for not seeing a GP was the need to pay the full fee upfront. Depending on the fund, insurance would only reimburse women a percentage of the full fee and it could take weeks for the insurer to process the refund.

*“I prefer not to because it’s expensive. I will get my refund, but it takes a very long time to process through, so I prefer not to.”*

Not all insurance policies are created equal. Some women shared stories of being under-insured or billed for additional expenses (such as fees for ultrasounds or other tests) that were not covered by their policy.

*“I was hit by a car and they called an ambulance, and I had to go to the hospital. I had to pay everything... overall it was a very big amount but then they cut it down for the student visa thing, so then I had to pay \$1800 for the xray and scans... the person that hit me paid the rest, but I wasn’t able to claim the whole amount.”*

Women said that the cost of private health insurance was a burden given their incomes. Some women said that it just put more pressure on them not to access medical services unless it was an emergency.

Holding a current private health insurance policy is a requirement for some kinds of temporary visas. Women using WHT services have reported that after arriving in Australia they have let their policies lapse because of financial hardship.

WHT is aware that some temporary visa holders end up owing money to the Tasmanian Health Service for hospital fees. In a very small number of cases, women have been granted a waiver of their fees. More commonly, women are put on payment plans.

6 This is not an issue just for temporary visa holders. Access to affordable health care is an issue for many Australians, especially those in groups who’ve experienced disadvantage. All the groups of women we have spoken to for this research series (women living in remote and rural areas, LGBTIQ+ women, women experiencing or at risk of homelessness) told us that the cost of going to a GP and specialists was a major barrier that got in the way of caring for their health.

### Cost of birth and pregnancy care

Some of the women we spoke to had given birth while in Tasmania, through both the public and private hospital systems. They reported that the cost of care caused significant financial hardship. The women's insurance cover had provided some cover for pregnancy and birth, but not all.

Insurance in Australia will also not cover women for pregnancy in the first 12 months of taking out the policy. Women may be on a policy that only covers in-patient fees (those that accrue once you're admitted to hospital) but not outpatient fees (most of the care that is provided to women during pregnancy is outpatient care). Outpatient costs associated with pregnancy can leave women owing thousands of dollars. Fees for essential tests such as ultrasounds and blood tests may also not be covered.

In Tasmania, pregnant women are connected to the maternity unit at the nearest public hospital for regular antenatal care. In the public hospital system, women who are not eligible for Medicare are charged an outpatient fee for each instance of care with a health care professional. Low risk pregnancies mean less oversight, and a lot of the care can be managed by a GP. However, if there are complications the costs mount. A single visit to a maternity unit may include billable appointments with a midwife, an obstetrician and a diabetes nurse educator, tripling the fee. For a complex or high-risk pregnancy, a woman will need checkups with a multidisciplinary team more often.

*"My insurance is only inpatient, not outpatient, yeah, so throughout my antenatal care it wasn't covered by insurance, so only the bed [and birth costs are covered]... I had GDM [gestational diabetes] so that care wasn't covered by the insurance...there are many bills left... Everything came at the same time and by then I wasn't working anymore."*

Women reported that being homeless, unemployed and a single parent does not automatically qualify them for fee relief from the Tasmanian Health System. Requests for fee waiver can take a long time to process.

*"I applied [3 months ago]. And still I've heard nothing from them. Not a yes, not a no. Just waiting."*

The sense of being in debt and unable to afford pregnancy care had impacts on women's mental wellbeing.

*"Some of the ladies get depressed and they try to not go to the hospital. [My friend was pregnant] and she was so depressed because insurance wasn't covering the cost. She was so sick with stress and thinking 'what to do, what to do?' It's really painful when you see someone like that. I ended up calling the hospitals to find out which one is the cheapest for her to go to."*

Options for paying for insurance are also a barrier to good pregnancy care. Women who had moved from Overseas Student Health Cover to a Family Cover (that would cover more of the costs of a pregnancy) were no longer able to pay the insurance in instalments.

*"Is fine to pay insurance, but they take it as a lump sum. I had to pay the insurance in a yearly lump sum, \$1200 I had to pay right away. So, most of the people they can't pay that, it's a very large sum. If you don't have family back home who can help them and because the job opportunities are low here in Tasmania. We can't afford to pay like that."*

Consistent antenatal care, and support for the mental and physical wellbeing of women during pregnancy is essential for women's health and the health of the baby. Gaps between insurance reimbursements and Australian hospital costs leaves women and their children at risk.

### Experiences of pregnancy and birth care

Women on temporary visas are also vulnerable to difficult pregnancy and birth experiences.

*"I remember when I was pregnant, I used to have pain in my pelvis and I went to the doctor and the doctor couldn't even help me, I went to the hospital and they couldn't do anything...I endured with the pain for over a week, and I called them, and they said go back to the doctor and the doctor couldn't do anything. I had to endure with the pain, I had to keep enduring, enduring, until it disappeared."*

Women also reported experiences during and just after birth which they had found difficult. They reported communication problems with their midwives, and feelings of being unsupported and isolated during their interactions with the birthing team. At a time when all women feel vulnerable, these women were in an alien health system, and often with no support from family members during border closures. Their experiences raise questions about how we can develop culturally safe and empowering birth experiences for women from diverse backgrounds in Tasmania.

## Translation services and health literacy

Women pointed out that medical language is hard to understand, even when they were proficient in English. It was also possible that sometimes, even if translation services are offered, migrant women may decline.

Using translation services can take additional time (which a GP may not have in a short appointment) and some women may feel a sense of pride and dignity in not having to use a translation service.

*"Sometimes it's a matter of pride that you don't need a translator, even when sometimes, you actually do...Doctors talk so fast!"*

The women told stories of doctors using family members as translators.

*"[Her husband] knew more about what was happening to her body than she did."*

Gender was also a factor in how assertive women could be about speaking up when they didn't understand something. Women talked about how doctors had a lot of power in the patient-doctor relationship and that women from other cultures could be 'shy' and might not have confidence to speak up.

*"[Women in my culture might] not be forthcoming about when they don't understand. [She might] keep her mouth shut and nod along, but the doctor could be saying 'You have breast cancer.'"*

The women said it was important that doctors and other health care workers took time with patients to help women understand their health.



## A health model that doesn't 'make sense'

The Australian health system, with its emphasis on general practitioners coordinating patient care and providing referrals to specialist health care, was new and different to the health systems in women's home countries, where they could make appointments with specialists directly.

*"The system is really, really different, and I am still really not used to it. Because here you go and speak to the GP for ten minutes and [they give you a referral] then go take that to the specialist... I don't know which is better or worse, but it has taken a lot to get used to."*

The women shared with us that often the Australian system didn't make sense and some women felt that their interactions with GP were not useful or valuable.

*"I went to the GP and it was like five minutes. She then gives something to the receptionist; the receptionist faxes it to the specialist... so for the piece of paper I have to pay \$95? It's a waste of money in my eyes. It's very difficult. Why do I have to go to the GP, when I know [what specialist] I need to see? It doesn't make sense to me."*

Interactions with general practitioners were seen as an expensive procedural hurdle, rather than a meaningful engagement around their health. Often the appointments were so short that women felt they had no time to discuss other aspects of their health.

*"Personally, I don't like going to see the doctor because even if you go it doesn't make any difference. Sometimes... the doctor says 'do some tests' and then they say they can see nothing wrong, meanwhile, inside you know that you are not well. That's why I prefer to deal with my own problems than going to the doctor."*

### Working conditions/visa restrictions

The women told us how working conditions and visa requirements came together to create very difficult situations that impacted on their health and were barriers to seeking healthcare.

The most important of these were underemployment and precarious employment.

Women were very aware that there was a scarcity of jobs that would hire them in their fields of expertise. The women told us that some places they applied for only hired people who were permanent residents or citizens, not temporary visa holders.

*"I am a qualified accountant, so I have tried to get a job there. But those jobs are hard to come by."*

*"I applied for so many jobs and I got a call in... got the job, but in the final stages, was told, it was the policy that they can only hire permanent residents or citizens, not people on student visas, they apologised and said it's just because the government has made some laws. Then I applied for McDonald's and I worked there for two years. But then when we came in Tasmania, I applied for so many jobs, honestly speaking, I dropped my CV in 80 places and I told them I needed the work for my living expenses. My husband was driving the cab and he was only earning \$60 a day. I made them request for any job, I am willing to work job, even on less rate. This is the main problem in Tasmania, job opportunities are much less."*

The lack of places willing to hire temporary visa holders means that women pick up work in service, hospitality and care industries, and in seasonal work. These industries are highly casualised, and most of the women we spoke were employed in at least one of their jobs on a casual basis. They are not financially protected should they need time off due to illness, caring responsibilities or if they have a baby.

Women holding temporary visas who were on a path to permanent residency talked about the tremendous stress of gaining and keeping employment.

For temporary visa holders, the employer/employee relationship is not in balance. Finding work that will fit their visa requirements puts enormous pressure on them to be 'perfect workers', always available, always obliging. For most, they juggled multiple jobs, sometimes alongside study. Women reported that visa requirements and trying to find a path to permanent residency come together to create a situation where they feel they must put work before all other concerns, including their health.

*"I will apply for 491 visa... you have to make \$53 000 a year for three consecutive years in order to get permanent residency. So I have to keep in mind that I'm committed to my work so that after I get my 461 visa I will be able to make that amount of money... I am working full time at [one job], I am working [at a not-for-profit] one day a week and I am a casual [service industry job], just because I don't want to risk after I get my visa if I don't make that amount of money I won't be getting my permanent residency and all these years they will be a waste so I don't want to let go of one job."*

*"It is very stressful to be honest. You have to think about when your visa going to expire, and you have to keep all these jobs, and will it be worth it at the end of the year? When I was casual, I would literally go to every manager and ask them to give me more hours... Now I am used to it. I work almost every day in order to keep my job... to look like a hard worker and like I am committed to the job. It is stressful. I would prefer to be a very good worker at work than to go to the doctor."*

This act of juggling and the constant cycle of seasonal work leaves women exhausted. It means they often have very little time to rest, to do health promoting activities or connect with the local community.

*"I think how busy we are... I work two jobs and I don't think about health. I have to earn... so I do all of them without thinking about my health... so yes, the not having time to think about it."*

Further, for some visa holders, their social and family connections are often caught up in the same juggling act of multiple jobs and study. This means that having time with family and friends is limited and non-existent and all people in the network are caught in a web of work and stress.

*"The people I know are working on their visa. When they have the day off I don't, when I do have the day off, they don't."*

## Visa conditions and agricultural work

Some of the women we talked to were on visas that limited the hours of work they could do, unless it was work in the agricultural sector. These women were on visas that permitted only 20 hours of work a week in other sectors, but up to 40 hours a week in the agricultural sector. These women said that the agricultural work was plentiful, but the wages and work conditions affected their health.

None of the women we spoke to were here as part of the Seasonal Workers Program, but many of them had turned to agricultural work despite it being very different work than what they were trained in.

*"We have diplomas, we have degrees, we have qualifications, we have experience. The only thing that is keeping us behind is that we have a restriction of 20 [hours] per week from the Australian Government that we can work for...and farm jobs are the only ones that [will employ us] because with agriculture we can have more than 20 hours."*

The women said that the agricultural work took a tremendous toll on their bodies. They said they had noticed that male workers were sometimes preferred for the work as they were considered stronger. The women said that they also felt that men had an advantage, often able to deal with the physical nature of the labour differently.

*"For me, working for 8 hours, I could fill the bin [with carrots] and I would only get 150 bucks or 180 bucks. If you are really good, and you are really fast, then you can get \$200-300... but it was so physically demanding and most of my fellow workers were men."*

Women working in the agricultural sector found that they had to work to the point of exhaustion to earn enough to cover their living expenses because wages were not commensurate with the expense of living in Australia as a temporary migrant.

*"There have been times when I am disappointed in myself. There are all these expenses and I have a brother to look after... but I can't do the job. I actually physically can't do the job. But sometimes I [harvest] for a few days, take a break and go back. So, there is a mental element to it."*

Women talked about the mental load that came with physical jobs: it required physical and mental resilience to get through the physical labour and the long work hours.

The women were also conscious that working in industries so very different from those they had studied for didn't meet their families' expectations, families which had 'made sacrifices' to get their child to Australia. Women noticed said this affected their sense of self-worth.

*"When you work the farm, I often thought about how 'I am not here in Australia, I didn't study for this'. Somebody has to do the farm job and I am really grateful for that job...my mum wouldn't be happy if she knew I was working at the farm."*

*"If we were in our countries we would be working at a very high position, with our English language skills, with our qualifications, with our English skills... but here we are broccoli cutters, vegetable pickers, some are cleaners... once we come to a foreign country our value decreases drastically. It's not something that people say openly, but we all know it inside."*



### COVID-19 changed everything

The pandemic caused huge disruptions for women's capacity to engage with employment and as a result they experienced financial crises. This has knock on effects for health – both mental and physical.

*"When I came first in Tasmania I had no job, and I got a job as a pharmacy assistant but as soon as I came in, COVID hit and I was just a casual staff and it was very hard to get the shift."*

COVID has changed everything for people in Tasmania on temporary visas. The supports that might have been available in the past disappeared over night as the pandemic swept the globe.

Women told us that border restrictions meant that family members could no longer visit and provide the practical support that makes such a difference when having a baby or going through a difficult health journey.

*"...my sister has a visa, but she can't come in because the borders are shut, it's really a big challenge. She could help me with [the baby] and that means that I could work jobs, and she would be here with me all day and be someone to chat with. My sister has tried several times to come here on compassionate grounds, but it hasn't worked."*

*"We can't visit our family. We could, but then we can't come back. So, if we go home, you give up everything because you can't come back until Australia opens its borders. So, I was planning to go home every two years but now I haven't seen my family for 2½ years."*

*"As much as we value our families back home, we worked so hard to come here with our visas, so we can't let it all go for that emotional touch in a sense."*

The huge and continuing economic disruptions for working people also meant that families overseas could not financially support their relatives abroad as they had been able to before.

*"[My husband was] driving the cab but you don't get enough money, especially during the corona time... at first we were getting help from our family but then COVID meant that we couldn't anymore."*

*"We run a business at home, but there's no business at the moment, there's no products to produce with, all these things putting pressure on my parents. So, I want to be independent... so when I try to do that, I forgo my health."*

There's no safety net for women on temporary visas, except asking family back home for financial support. The COVID-19 pandemic radically changed the extent to which temporary visa holders could rely on their families for financial support.

### Racism

Some women said they had direct, intimidating experiences of racism, including street harassment and racist harassment from landlords. The women talked of the impacts for themselves and their families.

They reported being cautious about going out in public and engaging with Australian people. Normal social interactions on the street or in the park did not feel safe, and the women were left with a pervasive sense of unfairness, fear and 'not-belonging'.

*"When that incident happened, I didn't want to leave the house. I didn't have school at that time [so I could stay home]. When you do start going out, you feel like everyone is watching you... I don't have that feeling any more, I think I adjusted to it subconsciously."*

*"I really got disheartened at that time. Because if we are living here, we are not living here free. We are paying tax to the government. We are giving our efforts, our hard work... that someone should raise a finger and say, 'why are you living here?' It's really disrespecting a person. ... it's disheartening. It makes you feel like you shouldn't have more interaction with the people here. Are the people here like that person? So, you avoid interaction. I don't want to chit chat with the ladies here because I remember that person. And you feel like people don't see you in a positive light."*

Racism had impacts when it was directed against family.

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*"When it happens to someone you love it hurts much more than when it happens to you. That's when I thought, this country is never going to be ours. Even if we get citizenship, whatever visa we hold, it's never going to be our country."*

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Actual or perceived racism from state institutions like the police was particularly damaging.

*"We all went out together one night and the police stopped us and they checked me, my friend [and] his sister but they didn't check [our friend who was Anglo-Australian]. When it was her turn, the police were like 'no you're fine' ... Maybe it's because she was white? When you look at it, we were the odd ones out in that person's eyes, but for that person to do that, knowing that we are young... for them to do something like that knowing that it will have an impact on us. To this day when I see police cars, I stand still. I am petrified of police because they can spin things any way and that small thing can get me deported, so I don't want to risk it. It's scary... it changed my perspective... I wouldn't go to the police station [to report something] because I am scared of police....my friend told me this was normal here."*

## Housing scarcity

Women on temporary visas have also been affected by the housing crisis. Some are living in temporary and crisis accommodation, including women's shelters. The pathways out of homelessness for women with children are limited. Women who are fulltime carers can't engage in paid work and can't afford a private rental property. Being in financial crisis, even destitute, does not entitle temporary visa holders to housing support. Temporary visa holders don't receive Commonwealth Rent Assistance, and they are not entitled to public or community housing, or support from the homelessness support service Housing Connect.

*"Money is the major issue, since I don't get anything from the Government, but I have a baby. I'm a visa holder so I can't get anything from Housing Tasmania."*

Other mums talked about the barriers of trying to find housing in a market with a critical shortage of rental properties.

*"It took six months to find a house. I applied so many times. I don't know why but they have a problem with the kids. The rental says: 'sorry we prefer single or a couple.' I remember I applied for 40 houses and I didn't get a single one. Obviously, we can't leave our kids on the road!"*

All the women talked about the impact of high rentals, given their financial situation, and the need to pay their rent before spending money on their health.



## Mental health impacts of uncertainty

The women we talked to didn't use words like depression or anxiety when talking about mental health, but they talked about the role that stress had on their mental health. Our conversations with women revealed that stress, worry and uncertainty were key features of the temporary visa experience.

*"Making people wait - it's very stressful. Imagine if you have applied for a visa and you wait 4-6 months to see if it's accepted. It can impact a lot on your life, it impacts work-life balance, not being able to perform well at work, pushing yourself even if you're sick or if you're not mentally well."*

*"I never felt stressed when I was in [my home country], but here I have spent eight years and sometimes I am so stressed that I have stress pills... I spoke to a doctor - she said it could be because of the kids, the responsibilities, you don't go out much... the medication has helped."*

The nature of the Australian visa system keeps people in limbo, waiting for months, sometimes years, to know if their visas and permanent resident status are approved, with associated financial stress and disadvantage. This waiting game, the women told us, comes at a big personal cost to their health and wellbeing.

*"What keeps me worried is what if I've done everything, I've come to Tasmania, I've lived here almost two years, I've paid for my college fees, I've invested so much in it, what if after a certain time period I don't get the visa? It will all be waste of money and that commitment that I am doing."*

*"We need to think about the mental health of people who are here not just the physical health, people go through a lot... they don't get to see their family for a long time and some people are here by themselves, without friends or family. I have seen a lot of my friends go back to Sydney because they feel very lonely here, they don't have any work."*

### Isolation

Some of the women also told us that isolation contributed to poor sense of wellbeing. Isolation coupled with the stress of having to satisfy visa requirements was difficult.

*"I don't have many people that I know here... just a couple of relatives and they are all busy in their own world trying to work on their visas... While I was not working, I was just at home on my own. I would be at home doing nothing which was very hard. Not having anywhere to go or anyone to talk to and with the pressure of the visa thing, it's different."*

COVID-19 also introduced a new level of isolation. The women said that being cut off from family because of border restrictions was difficult, causing problems and feelings of distress.

*"Mentally it's been a lot... the main reason I came to Tassie was so I could go home every 6 months... over 2020 I accepted the fact that I won't get to see them for some time. It's sunk in now, so I'm ok now, but I think that has been a really big factor. We can't go home; we can't see our parents..."*

*"I accepted the fact I wouldn't go home for a long time, but I didn't expect it to last for this long. My mum has been really sad, they had a visa but they couldn't come... Not seeing family has been tough.... At least we have [a group of close friends] who have been there for each other... without them it would have been really hard."*



# What hasn't begun but needs to start?

## Targeted resources and information for Temporary Visa Holders

*"Whether a visa holder or permanent resident, when you've come from another country you need support."*

Coming to live in a new country can be lonely and overwhelming. The isolation that women on temporary visas had experienced and the sense of being cut off has been exacerbated by COVID-19.

The women identified that access to targeted information and resources about health and how the health system works would make a huge difference to their health and wellbeing.

*"I come from a family with certain health conditions so it's important that we get regular checkups... being here I wouldn't necessarily know where I should go and what I should do. So, more awareness of where we go to get tests and health checks."*

Beyond health systems, women also wanted more access to support that was free and could help them navigate personal financial hardship.

*"More resources, places to get counselling and advice if you are in trouble in a financial or a health way and information about them."*

*"I was in [this suburb] a year, and I had no idea that the community center exists."*

Women suggested this could be a dedicated resource that was focused on helping temporary visa holders navigate systems, problem-solve, and connect to other services. It could also look like existing services expanding what they did and how they offered it to provide support to temporary visa holders.

## Mental health support – counselling and community

*"Need more mental health workers in the community centers – there is someone you can talk to that you can get help from."*

The women told us that mental health support would be very valuable to temporary visa holders. The challenges of being in Australia on a temporary visa are unique. There are particular ways in which the precarity of temporary visas, work requirements, cultural and language barriers come together to make accessing mental health and other services very difficult. For the women having 'access' meant that the services were free of cost and available at flexible times and places, and using a translator was made easy.

Interestingly, good mental health was often associated with having somewhere to be, people to talk to, communities to be a part of. It didn't simply mean accessing clinical mental health professionals, but anyone who could be a friendly ear or a point of connection.

## Free medical services

Women were clear that health costs were prohibitive and that having some free primary health services would go a long way to addressing their health concerns. One suggestion was that some (if not all) aspects of Medicare could cover those on temporary visas. As one woman said, "something is better than nothing."

Another was that free or low-cost medical centers (such as health services on university campuses) could provide that essential first door for people those without access to Medicare or full health insurance cover.

## Financial relief

Financial help was already highly valued by women, but they said it needed to be expanded. All the women interviewed reported being in intensely precarious financial positions. Even before the COVID-19 pandemic, women could find themselves in financial crisis if they became unwell, or had a baby and were unable to work.

Most financial relief options – such as concessions for utilities and transport or supports such as income support payments and Medicare are tied to citizenship or permanent residency. Temporary visa holders participate in the economy under the same taxation regime as citizens and permanent residents, often limited to earning low wages due to their visa restrictions. But they are shut out of the small 'breaks' that other low-income earners receive. Financial relief programs for temporary visa holders who are in financial crisis need to be designed with this context in mind.

*"Financial relief would go a very long way. Everyone who's on a temporary visa is already financially in the dumps."*

## Visa processing times should be quicker

The women said that a faster visa process would reduce stress and allow people on temporary visas to live their lives with certainty and purpose.

*"I also wish the processing time was faster, so we don't have to wait for a year. Because if they don't accept the visa then we can move on. Making people wait, it's very stressful..."*



# **PART 3:** **WOMEN'S STORIES** **IN CONTEXT**



# 1. Australian Immigration Policy

Finding a single version of the history of Australia's migration policy is impossible. What is clear is that migration policy is a place where economics, population growth and ideas about national identity meet.

Historians tell the story of migration to Australia in many ways. It's important to recognise the role that ethnocentric and racist worldviews have played, both in the invasion and colonisation of Australia by the British, and in the development of Australian immigration policy.<sup>ii</sup>

Broadly speaking, Government immigration policy has shifted its focus over time, from population growth of a 'white' colony to seeing migration as key element of economic policy.<sup>iii</sup>

The rise of temporary visas has facilitated the advantages of a growing labour force and consumer base for the Australian economy without having to immediately confer the benefits of citizenship or permanent residency.<sup>iv</sup>

## 1.1 Population growth

Immigration is a key driver of population growth in Australia.<sup>v</sup> Over the last ten years, 60% of Australia's population growth was attributed to migration from overseas.<sup>vi</sup>

The impact of COVID-19 on migration and thus population growth cannot be overstated. The 2021 Intergenerational Report said that the slowing of population growth will be the "most enduring economic effect the COVID-19 pandemic."<sup>vii</sup> Slow population growth, and an ageing population are seen as creating policy challenges for health and aged care, social security, and the economic implications of a shrinking labour force.<sup>viii</sup>

Over 2020-21, Australia experienced a loss of 89,000 people from the national population due to overseas migration. Much of this migration was attributed to the impacts of COVID-19.<sup>ix</sup> Tasmania recorded a net loss of 440 people due to overseas migration in this period.

## 1.2 Temporary visa holders are vital for population growth

Over 50% of people on temporary skilled visas transition to be permanent residents of Australia. <sup>x</sup> Temporary migration provides a "pipeline" of migrants to the skilled stream of the permanent migration program.<sup>xi</sup>

The Productivity Commission has labelled Australia's immigration policy "is its de facto population policy." The decisions about who to attract and give preference to in terms of visas has been designed to achieve a "demographic dividend" – by attracting younger, skilled people who will participate in the labour force and contribute a "high economic output per person".<sup>xii</sup>

Migrants who become permanent residents are granted an average of 3.3 visas before they gain a permanent right to stay in Australia.<sup>xiii</sup> This means 'temporary' visa holders live, work and contribute to Australia for a number of years with none of the rights or benefits that accrue to citizens or permanent residents.



### 1.3 The temporary visa system creates vulnerability

The rise of temporary visas has also corresponded with an erosion of protections for migrant workers.<sup>xiv</sup> While temporary visa holders are nominally “entitled to the same basic rights and protections under applicable workplace laws”<sup>xv</sup> media reports continue to show that temporary visa holders experience exploitative working conditions.<sup>xvi</sup>

Wage theft is common. In 2017 a comprehensive survey of temporary visa holders found that:

- almost a third (30%) of respondents said they earned \$12 per hour or less and 46% said they earned \$15 per hour or less in their lowest paid job;<sup>7</sup>
- one quarter of international students and one third of working holiday makers (32%) were paid around half the legal minimum wage.
- underpayment was especially prevalent in food services, and in fruit and vegetable picking.
- 44% of respondents were paid in cash and half rarely received a pay slip.<sup>xvii</sup>

Temporary visa holders do have recourse to the Fair Work Ombudsman, but evidence shows that a range of barriers stop people utilising this avenue,<sup>xviii</sup> including the “financial need for employment and to fulfill particular visa requirements, a lack of awareness of courses of available action, and... fear of consequences as a result of taking action.”<sup>xix</sup>

The lack of an employment safety net creates economic vulnerability. Without unemployment benefits, workers may tolerate unfair, underpaid and even dangerous working conditions as their ability to go and seek another job is limited.<sup>xx</sup> If a temporary visa holder becomes sick or is injured, they can’t draw on unemployment or disability benefits in the same way that other workers can.

Temporary visa holders have no rights to access the social and health institutions that protect citizens when things ‘go wrong’.<sup>xxi</sup>

### 1.4 Impacts of COVID-19

COVID-19 had swift and severe impacts on people living in Australia on a temporary visa. Unlike permanent residents and citizens, temporary visa holders could not access Jobseeker or Jobkeeper payments.<sup>xxii</sup> During the first waves of lockdowns an estimated 500,000 international students lost part time and casual employment across Australia.<sup>xxiii</sup>

Many states, including Tasmania introduced financial crisis support for temporary visa holders. This support helped to cover rent payments, food as well as essential medical and dental care.

These programs received funding from the Federal Government, but Prime Minister Scott Morrison also called on visa holders to return home as the Government’s economic responsibilities were to “citizens and residents” only.<sup>xxiv</sup>

Evidence shows that many temporary visa holders could not ‘go home’ due to border closures.<sup>xxv</sup> For others, returning home meant giving up on education, work, and the hopes of permanent settlement in Australia.<sup>xxvi</sup> Once out of Australia there were no guarantees of being able to return.

The COVID-19 pandemic shone a light on the inequality of health access for migrant and refugee women in Australia. Research from Victoria shows that “migrant and refugee women did not have access to the same level and quality of COVID-19 information in their languages and level of English proficiency.”<sup>xxvii</sup> One in four migrant and refugee women reported that the messages about COVID-19 were not adequately tailored to the needs of migrant and refugee people and communities.<sup>xxviii</sup>

7 When this survey was undertaken the national minimum wage was \$17.70 per hour, or \$22.13 for casual employees. See Report of Select Committee on Temporary Migration. (2021). Chapter 4: Exploitation of Temporary Visa Holders. Commonwealth of Australia. Footnote 14.

# 2. Temporary visa holders and health services

## 2.1 Private health insurance doesn't meet health needs

Temporary visa holders are liable for any medical costs incurred in Australia.<sup>8</sup> Only citizens and residents of Australia are covered by Medicare.<sup>xxix</sup> The Department of Home Affairs recommends all temporary visa holders take out private health insurance, and private health insurance is a prerequisite for some temporary visa types.<sup>xxx</sup>

The quality and affordability of private health insurance is variable. Most policies will not cover medical expenses for pre-existing medical conditions in the first 12 months of the policy.

In a move that significantly disadvantaged women on student visas, in 2011 the Federal Government agreed to change the Deed with private insurance companies so that pregnancy costs would not be covered in the first 12 months of Overseas Student Health Cover (OSHC) policies.<sup>xxxi</sup>

The OSHC Deed sets out the minimum standards for insurers who provide cover for overseas students. Students must show proof that they have purchased OSHC when applying for a student visa, and they must maintain the policy while a student in Australia or risk deportation.<sup>xxxii</sup>

Women who are on student visas, or whose partner is on a student visa are thus liable for any of the pregnancy costs incurred in the first 12 months.

For other visa holders who take out insurance, the 12-month period applies on pregnancy. The level of cover may mean that the policy holder is only covered for the care they receive while an inpatient at hospital. The bulk of antenatal care is outpatient care and thus not covered.

## 2.2 Temporary visa holders – the Tasmanian experience

The pandemic has resulted in a steep decline in the numbers of overseas migrants coming to Tasmania.

Tasmania has historically had low rates of overseas migration. In 2016, the percentage of people living in Tasmania who were born overseas was 13%, compared with 29% nationally.<sup>xxxiii</sup> In the lead up to 2020, Tasmania was seeing significant population growth from overseas and intrastate migration. In 2020, the Tasmanian Government estimated that there were 26,000 temporary visa holders in Tasmania.<sup>xxxiv</sup>

Since then, borders have opened and the movement of people across state and international lines has recommenced.

Australian international enrolments of students are down by 21%<sup>xxxv</sup> a pattern reflected in Tasmania. There were 6929 student visa holders in Tasmania at the beginning of 2022 – a 16% drop compared to the same period last year.<sup>xxxvi</sup>

Some temporary visa classes require State nomination. Information from the Tasmanian Department of State Growth shows that in March of 2022 there were “approximately 9600 temporary residents in Tasmania either awaiting the outcome of a Tasmanian nomination application (approx. 3200), or the outcome of their subsequent visa application with Home Affairs (approx. 6400).<sup>xxxvii</sup>

While these numbers give us some indication, there are still significant gaps in what we know about how many temporary migrants are residing in Tasmania.<sup>9</sup>

What is clear is that Tasmania relies on temporary visa holders to work farm jobs, fruit and vegetable picking and other labouring jobs, but also to work in the tourism, hospitality, manufacturing, construction, and care sectors.<sup>xxxviii</sup> Further, student visa holders make a strong contribution to our higher education sector through international enrolments.

Temporary visa holders have a huge positive impact on Tasmanian social and cultural life and on the economy, food security and services sector in Tasmania. They are also a key pillar of needed population growth in Tasmania.<sup>10</sup>

8 There are a few exceptions to this for visas that are covered by a Ministerial Order. Being Medicare eligible does not mean that the visa holder has access to social security. For a list of Medicare eligible temporary visas see: <https://www.servicesaustralia.gov.au/enrolling-medicare-if-youre-temporary-resident-covered-ministerial-order?context=60092>

9 For example, nomination applications and student visas don't tell us how many people are here are Temporary Graduate visa holders, Working Holiday visas, Holiday visa holders, Seasonal Worker visas, Pandemic Event and Bridging visa holders. Nominations have a gender break down of 40/60 male dominated. The number of nominees is not reflective overall of the numbers of temporary visa holders in Tasmania as it does not include dependants such as spouses, partners, or children and other family members.

10 The Tasmanian Government has a plan to grow Tasmanian's population to 600,000 by 2050. Migration into Tasmania by people from overseas and interstate is a key pillar of this strategy. For more see Department of State Growth, 2015, Population Growth Strategy, [https://www.stategrowth.tas.gov.au/\\_data/assets/pdf\\_file/0014/124304/Population\\_Growth\\_Strategy\\_Growing\\_Tas\\_Population\\_for\\_web.pdf](https://www.stategrowth.tas.gov.au/_data/assets/pdf_file/0014/124304/Population_Growth_Strategy_Growing_Tas_Population_for_web.pdf)

## 2.3 The Tasmanian health system and temporary visa holders

Data to show the health service use of temporary visa holders in Tasmania is hard to find. Information provided at Tasmanian Budget Estimates hearings<sup>xxxix</sup> provides some information about temporary visa holders' access to public hospitals in Tasmania.

Tasmanian Health Service data provides information about the number of people that received care in Tasmanian public hospitals, and the number of 'charges' (times that people were charged for presenting to the hospital).

In the 2020-2021 period, 1015 temporary visa holders received care at Tasmanian public hospitals. 598 of those people were women.

Temporary visa holders were charged a total of 1183 times for Emergency Department visits and roughly half of these visits were by women.

Of the 1015 temporary visa holders who received care at Tasmanian public hospitals, 545 (54%) had their fees waived and 51 people (5%) entered into payment plans.

## 2.4 Temporary visa holders, pregnancy and birth in the public system

The cost of pregnancy and birth care for people who are not eligible for Medicare varies significantly. Insurance may cover some, all, or none of the costs of the pregnancy and birth. Some Medicare ineligible women may not hold a private health cover policy.

A total of 179 Medicare ineligible women gave birth in Tasmanian public hospitals in the 2020-2021 period.<sup>xi</sup> Eight women on temporary visas had their pregnancy and birth care costs waived – less than 5%. A further 13 women entered payment plans. The average cost of a payment plan for pregnancy and birth care was \$3232.<sup>xii</sup>

Gestational diabetes care is provided as an outpatient service. In the 2020-21 period, 20% of the Medicare ineligible women received treatment for gestational diabetes. The average cost of this treatment was \$1836.<sup>xiii</sup>

Maternity Clinic fees for antenatal care at Tasmanian public hospitals are free for people who have a Medicare card. For those who don't, appointments at the antenatal clinic are charged \$329 for each occasion of service with a health care specialist.<sup>xiiii</sup> For example, a Medicare ineligible woman who sees a midwife, an obstetrician, and a dietician on her visit to the clinic can be charged nearly \$1000.<sup>11</sup>

On top of these costs, pregnant women must pay for all their pathology and ultrasound costs.

When it comes to birthing in the public hospitals the costs can be huge. An overnight stay in the public hospital is \$2558 per night. A baby that requires additional care also incurs very large additional costs. An overnight stay for a baby in the Special Care Nursery is \$3809 per night. Care in the Neonatal intensive Care Unit is \$6639 per night and babies may spend many weeks in NICU if they are born prematurely or have significant health problems.

Insurance affects the amount that women are charged for procedures. Women with no insurance pay full fees as set by the Australian Medical Association, whereas women with private cover can be billed through Medicare and thus the amount their insurer pays is lower. For example, a c-section through Medicare is \$1695, whereas the AMA fee is \$4690.

11 Antenatal care through the clinic is not covered by Medicare in the way that other appointments with a GP or specialist are. Instead, it is funded through Activity Based Funding system whereby the State Government recoups the cost of health care activities through funding arrangements with the Commonwealth. Where a patient has a Medicare card, the State draws on the funding agreement, however when a patient is Medicare-ineligible the patient is liable for the full cost of the service.



### 3. Stakeholder concerns about health service access for temporary visa holders

Interviews were conducted with a range of stakeholders in the health and community services sector about the needs of women on temporary visas for this research. Stakeholders reported significant concerns about the access to health services for people on temporary visas. There was a strong sense of unmet need, of services 'making it work' despite a lack of avenues, and of arriving at the end of the line: where people had no options.

Services identified the following issues.



#### 3.1 Health issues contribute to financial crisis

Services reported working with numerous temporary visa holders who were in financial crisis due to an unexpected medical emergency.

Other services told us that financial insecurity was a major reason why temporary visa holders delayed or ceased accessing health care services.

Services identified that private insurance left people vulnerable. Common issues included:

- Visa holders didn't understand what their policy did and didn't cover.
- The 12-month waiting period before claiming on pre-existing conditions meant that people fell through the gaps.
- Some temporary visa holders in financial crisis because of job loss or insecure work couldn't afford to keep up insurance payments and as a result did not have any kind of health insurance. These clients incurred huge debts when presenting to local hospitals.
- Medical needs considered 'non-urgent' such as dental, mental health conditions, health screening and some aspects of antenatal care were being deferred or avoided altogether with implications for future presentations at hospital emergency departments.
- The financial stress of debts led to psychological distress and further delays in seeking health support.

Some services helped by paying upfront for medical expenses, but this is usually one-off support. While there are still emergency relief programs for temporary visa holders, the support on offer often can't address the needs.

The stakeholders we spoke to felt they were 'extending' what they would do in this space because there was an insurmountable gap between what temporary visa holders could afford to access and what they urgently needed. It was noted that while there is some support in the form of settlement services for humanitarian entrants, this support is not available to most other migrants.<sup>12</sup> These services have high levels of expertise in working with people from CALD backgrounds but their funding arrangements mean they have to work in specific ways. Services said a degree of flexibility would support them to work more broadly.

12 The Settlement and Transition Support (SETS) program helps humanitarian and some permanent migrants to settle in Australia by providing information and support to access mainstream services and understand how to navigate Australian systems and culture: <https://immi.homeaffairs.gov.au/settling-in-australia/sets-program>

### 3.2 Barriers to access to Antenatal care

Maternity care for women on temporary visas is a key issue of concern. Services were concerned that women would delay or avoid key pre and postnatal care due to fears about cost.

The scope of what is covered by private health insurance is variable. Pregnancy is not covered in the first 12 months of private health insurance policies. Depending on the level of cover, only hospital expenses (inpatient care) may be included, and this means women are out of pocket for all the expenses associated with prenatal and ante-natal health care (outpatient care).

Services were very worried about the situation this put women in. For example, support from gestational diabetes education was sometimes avoided or delayed by women and families on temporary visas due to the cost of these services.

Services also had concerns that women would exit hospital too early or be pressured by family members to leave hospital immediately after a birth due to concerns about mounting medical bills.

Differences in what is available in regional and rural areas has a pronounced impact on women on temporary visas.

In north west Tasmania there is a lack of GPs who are trained to provide GP Shared Care for pregnancy. In north and south Tasmania women with low-risk pregnancy can access GP shared care which means that women only present for appointments to the maternity unit 2-3 times during their pregnancy. For women not covered by Medicare, they must pay upfront costs for care at the maternity unit at the North West Private Hospital. In the north and south women can give birth through the public hospital system. All women living in the west and north west coasts deliver their babies through the North West Private Hospital. Hospital fees at the NWPH are covered by the Tasmanian Health Service for Medicare eligible women. This is not the case for women on temporary visas. They are personally liable for all antenatal and postnatal care costs in both the public and private system.

A low risk pregnancy in the north west will can involve 10 pre-birth visits to the maternity unit and women have to pay upfront for all of these appointments.

Women can apply to waive the costs incurred in the public system, however a waiver is not a right. This uncertainty can cause significant stress to women and their families during a vulnerable time.

The barrier of cost in the Tasmanian experience needs to also be read alongside Australian research that shows that women of migrant and refugee experiences tend to present later to antenatal care for a range of cultural reasons, language barriers and being unfamiliar with how antenatal care works in Australia.<sup>xliv</sup>

### 3.3 Reproductive health care

Women on temporary visas encounter a range of issues around reproductive health, in particular access to terminations of pregnancy.

In Tasmania, uniquely in Australia, women on temporary visas are entitled to free access to pregnancy choice counselling, GP and specialist appointments related to an unplanned pregnancy, and the cost of services by a medical or surgical termination provider if requested. However, access to these procedures can come with hidden costs.

Women who have either a medical (MTOP) or surgical (STOP) termination of pregnancy must take time off from work to undergo the procedure. This can present issues for women's employment, particularly as the working rights of temporary visa holders are not always upheld. Women on temporary visas may be employed on a casual basis so taking time off means losing wages.

Women in the Seasonal Worker Program may be reliant on employer to help get to appointments and to have a safe place to undergo the MTOP. The employer may take both the cost of travel and the cost medical appointments out of her pay. It also has implications for women's privacy.

The cost of medical care also has implications for the safety of terminations. For instance, it is essential that women can access a hospital emergency department in the unlikely event of complications with a medical termination of pregnancy. However, women on temporary visas may be reluctant to present to emergency because of the cost associated with going to hospital.



### 3.4 The Tasmanian health system lacks cross-cultural expertise

Service providers identified the constraints on their own systems to provide best practice care to people from culturally and linguistically diverse communities. They wanted to see the health system provide care that people could afford and that could respond appropriately to people's diversity and lived experiences.

They reported that they needed more time and space to communicate across language and cultural barriers and to help migrants understand their care was needed.

Services told us that the complexity of the Tasmanian health system makes it difficult to navigate. Additionally, people on temporary visas were navigating a culturally different model of health, ideas about the individual, rights, and western medicine.

They told us that the lack of diversity in the workforce generally, low use of interpreting services, and a lack of funding for health literacy programs based on need not visa status are significant issues.

They told us that often the most effective form of guidance about how to navigate the Tasmanian health system came from family and community members who were already established in Tasmania, but this also came with concerns about privacy.



### 3.5 The risk of Family Violence

Services told us that women on temporary visas are living with family violence in Tasmania. A range of factors could come together to make women on temporary visas especially vulnerable to family violence and make it difficult to leave abusive partners and family members.

Services had concerns about social isolation of women who had babies. The lack of transport options, low English and low social confidence, especially in rural and regional areas, kept women at home and not engaging with social supports.

Services report that abusive partners often threaten women that they will cancel their visas. Women in these situations, particularly those whose residency in Australia is linked to their abusive partner's, need specialist legal advice that is familiar with family violence and immigration law.

Services identified that women on temporary visas could encounter a range of barriers to knowing about and accessing family violence services. Many women were not aware of services such as counselling, practical support, women's shelters, and legal supports.

Further, our definitions and expertise in Family Violence need to be broadened. Extended families meant that some women on temporary visas may be subject to violence from in-laws or their immediate family as well as violence from an intimate partner. Health and other services needed to be equipped to identify and respond to family violence in all its forms.

### 3.6 Visa 'stress': Mental health impacts of visa uncertainty

Services cited visa uncertainty as a serious cause of emotional and psychological stress. This observation is supported by evidence that shows the tremendous psychological burdens of "long-term temporary-ness" on migrant people's wellbeing.<sup>xiv</sup>

The impact of visa uncertainty, the cost of visas, the long delays people experienced could limit people's ability to work. With temporary visa holders highly dependent on work, the impact of visa conditions induced high levels of stress.

Services said that temporary visa holders didn't access psychological support because it was not affordable and free options were valued.

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