



“More Important than COVID-19”: Temporary Visas and Compounding Vulnerabilities for Health and Well-Being from the COVID-19 Pandemic for Refugees and Asylum Seekers in Australia

Moira Walsh^a , Clemence Due^b and Anna Ziersch^a

ABSTRACT

Refugees and asylum seekers on temporary visas typically experience interacting issues related to employment, financial precarity, and poor health and well-being. This research aimed to explore whether these issues were exacerbated by the social impacts of COVID-19. Interviews were conducted both prior to and during the COVID-19 pandemic with 15 refugees and asylum seekers living in South Australia on temporary visas. While this research found that COVID-19 did lead to a range of negative health and other outcomes such as employment challenges, a key finding was the reiteration of temporary visas as a primary pathway through which refugees and asylum seekers experience heightened precarity and the associated pervasive negative health and well-being outcomes. The findings emphasize the importance of immigration and welfare policy.

KEYWORDS

temporary visas; mental health; refugee; asylum seeker; COVID-19

RESUMÉ

Les réfugiés et demandeurs d'asile détenant un visa temporaire font généralement face à des problèmes interdépendants en ce qui concerne l'emploi, la précarité financière et la fragilité de la santé et du bien-être. Cette recherche visait à explorer dans quelle mesure ces problèmes ont été exacerbés par les impacts sociaux de la COVID-19. Des entrevues ont été menées avant et pendant la pandémie de COVID-19 avec 15 réfugiés et demandeurs d'asile vivant en Australie du Sud et détenant des visas temporaires. Bien que cette recherche ait montré que la COVID-19 a mené à une variété de conséquences négatives sur la santé ainsi que dans d'autres domaines tels que les défis liés à l'emploi, l'une des constatations clés était la réaffirmation des visas temporaires comme principale voie par laquelle les réfugiés et les demandeurs d'asile font l'expérience d'une précarité accrue et de ses effets négatifs sur la santé et le bien-être. Les résultats soulignent l'importance des politiques d'immigration et de sécurité sociale.

CONTACT

^a  moira.walsh@flinders.edu.au

Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia

^b  clemence.due@adelaide.edu.au

Department of Psychology, University of Adelaide, Adelaide, Australia

^a  anna.ziersch@flinders.edu.au

Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia

HISTORY Published 28 April 2022

INTRODUCTION

The coronavirus pandemic (COVID-19) has triggered a severe crisis for global economies, labour markets, social life, and global movements of people. The measures taken to slow the spread of COVID-19 in many countries—including Australia—deepened existing social, economic, and health inequities (van Barneveld et al., 2020; World Health Organization [WHO], 1946). One key group for whom inequities have been likely worsened are refugees and asylum seekers, particularly those on temporary visas (Newnham et al., 2019; Steel et al., 2011). As of August 2020, there were over 30,000 refugees and asylum seekers living in Australia on temporary visas (Department of Home Affairs [DHA], n.d.) who faced compounding social, economic, and health inequities because of their hyper-precarious immigration status (Anderson, 2010; Benach et al., 2014; Bogic et al., 2015; Fazel et al., 2005; Hynie, 2018; Porter & Haslam, 2005; van Kooy & Bowman, 2019; Ziersch et al., 2019).

This article aims to explore the employment and financial impacts of public health measures taken in response to COVID-19 for asylum seekers and refugees on temporary visas, and the associated impacts on health and well-being of those measures. We report on longitudinal qualitative data from in-depth interviews with 15 refugees and asylum seekers living with temporary visas collected at two time points, one prior to the pandemic (September 2018–April 2019) and then during the pandemic (June–October 2020). The first-round interviews were part of research exploring temporary visas and health, in particular, in relation to the labour

market and financial precarity, while the second-round interviews were prompted by the COVID-19 pandemic.

The following sections present the immigration and welfare policy landscape in Australia to provide context for participants' experiences. The most pertinent literature on the health and well-being impacts of temporary refugee visas is then canvassed along with potential employment, financial, and health and well-being impacts of public health measures taken in response to COVID-19 for refugee and asylum seeker populations.

A Note on Terminology

Refugee and asylum seeker. We take the United Nations High Commissioner for Refugees' (UNHCR) (2020) definition of **refugees** as people who meet the criteria for refugee status and **asylum seekers** as people awaiting their claims to refugee status or other types of protection to be determined. For brevity, we use the terms **refugee** and **asylum seeker**; however, we acknowledge that this is only one aspect of identity.

Health and well-being. We take the WHO definition of **health** as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1946, p. 100). We use the phrase **health and well-being** to include both the WHO definition of health as well as the broad, multi-faceted, subjective account of mental health encompassed in the term **well-being** (Amerijckx & Humblet, 2014).

BACKGROUND

Immigration and Welfare Policy in Australia

Australia has one of the strictest immigration regimes internationally, particularly in response to the arrival of more than 57,000 people by boat seeking asylum between 2009 and 2013. In response, a range of deterrence policies were enacted, including the following: transferring asylum seekers to Pacific Island nations for offshore processing and detention; issuing "bridging" (temporary) visas that give little or no possibility to settle permanently in Australia; reintroducing temporary protection visas as an alternative to pathways to permanent residency and citizenship; introducing a "fast-track process" for assessing asylum claims for those not transferred offshore, where avenues for appeal have been curtailed and funding for legal support has been removed; and introducing a closely monitored "code of behaviour" where minor breaches according to the Immigration Department could result in detention or deportation (Refugee Council of Australia [RCOA], 2017). Most of the asylum seekers who arrived by boat between 2009 and 2013 were granted permission to remain in Australia while their refugee claims were assessed; while some were given the chance to apply for a temporary protection visa at the time of their arrival, a backlog of approximately 300,000 asylum seekers (known as the legacy caseload) have faced extended delays in the processing of their claims (Kenny et al., 2016).

In addition, between 2014 and 2019, close to 100,000 asylum seekers arrived in Australia by plane (Davidson, 2019). Those with a valid visa and who are cleared for immigration who subsequently seek asylum are eligible to apply for permanent protection. Those arriving without a valid visa, similar to those from the legacy caseload, are ineligible for permanent protection and can only

be granted another temporary visa—either a temporary protection visa (TPV) or a safe haven enterprise visa (SHEV)—regardless of whether or not they are determined to be refugees. TPVs and SHEVs are valid for three and five years, respectively, after which time, individuals either must have their refugee claims reassessed or—if they meet certain visa conditions—may apply for a non-refugee visa (e.g., a skilled migrant visa), though very few pathways exist to obtain permanent residency or citizenship. SHEVs are contingent on holders engaging in study at an approved institution or engaging in work in "regional Australia" (e.g., towns and the smaller cities of Adelaide, Darwin, and Hobart), which means they are not reliant on income support for more than 18 months in the five-year period. Holders of TPVs and SHEVs are not eligible for family reunion and can only travel with permission from the Australian DHA. In August 2020, of those in the legacy caseload, 5,594 had been granted TPVs, and 12,084 SHEVs (DHA, n.d.). Asylum seekers in the community are most often granted a three to twelve month bridging visa (BV) while awaiting determination of their refugee claim (DHA, 2020a; Reilly, 2018). BVs are even more restrictive in their entitlements than TPVs and SHEVs.

TPV and SHEV holders have conditional eligibility for social security, though they have fewer entitlements than refugees with permanent residency. For example, those 18 years of age or older can access accredited English-language classes but are ineligible for government-funded subsidies for other study, including higher education (Blythe et al., 2018). TPV and SHEV holders can also access a "special benefit" equivalent to 89% of the standard income support payment (regular financial assistance from the Australian government for citizens and permanent residents who are unable to work or

find work) as well as medical care. BVs have more restrictions relating to work rights, and BV holders have less access to social security (Reilly, 2016). Asylum seekers waiting for their protection claims to be determined who are assessed by the DHA and the Status Resolution Support Service (SRSS) program as highly vulnerable can receive a special benefit, casework support, counselling, and some medical care; however, those who do not meet the high threshold of vulnerability are ineligible and receive no income (DHA, 2020b).

Refugees and Asylum Seekers on Temporary Visas and Health

Pre- and post-migration stressors mean that refugees and asylum seekers are at greater risk of poor mental and physical health compared with the general population and other migrant groups (Fazel et al., 2005; Hollifield et al., 2002). This is particularly so for temporary visa holders as evidenced by higher rates of negative well-being outcomes such as anger, sense of injustice, and perceived lack of control, as well as mental ill health including anxiety, depression, and suicidality (Hartley & Fleay, 2017; Johnston et al., 2009; Marston, 2003; Newnham et al., 2019; Steel et al., 2011).

Of particular note for this paper, ongoing visa uncertainty and difficulties accessing key social determinants of health such as employment and income are experienced by many temporary visa holders. Barriers to employment include limited English-language proficiency, discrimination on the basis of visa status, and lack of work experience in Australia, as well as greater exposure to precarious employment (Ahonen et al., 2007; Colic-Peisker & Tilbury, 2007; Hargreaves et al., 2019; Syed, 2016; Ziersch et al., 2019). Resultant low incomes can mean medications and health services, adequate food, and other

health resources are financially out of reach, which are all known risk factors for poor health and well-being (Hartley & Fleay, 2017; Hynie, 2018; Johnston et al., 2009; Marmot, 2002; Marston, 2003; Newnham et al., 2019; Nickerson et al., 2019; Steel et al., 2011).

Refugees and COVID-19

The COVID-19 pandemic and public health measures taken in response have exacerbated existing social and economic inequalities in Australia and overseas (De Nardi & Phillips, 2021; van Barneveld et al., 2020). Refugees have been estimated to be 60% more likely than the general population to lose jobs or income due to COVID-19 (Dempster et al., 2020). The Refugee Council of Australia (RCOA) estimates that close to 20,000 refugees and asylum seekers on temporary visas will lose employment as a result of the economic downturn caused by COVID-19 (van Kooy, 2020). Moreover, 92% of those who remain employed are projected to earn less than minimum wage, while those relying on services for support will confront reduced service access and availability (Newland, 2020). While the federal government introduced some financial support for people who lost their job or whose employers could not continue to pay them due to COVID-19, temporary visa holders were excluded from this assistance. TPV and SHEV holders were able to access small one-off support payments facilitated by the federal government, while BV holders could apply for income support through the SRSS, though they had to meet strict requirements.

Health scholars have highlighted the potential for these impacts of COVID-19 on employment and financial security to contribute to mental illness such as anxiety, depression, and post-traumatic stress disorder (PTSD) among refugees and asylum seekers (Júnior et al., 2020; Rees & Fisher,

2020). Moreover, in a recent report from the Australian Red Cross detailing the emergency relief provided between April and July 2020, particular concern was noted about the impact of COVID-19 on the mental health of people seeking asylum and recognized refugees on temporary visa (Australian Red Cross, 2020). Using a qualitative longitudinal approach, our research builds on the existing literature and projected concerns associated with COVID-19 to explore the COVID-19 pandemic and associated impacts on the employment and financial circumstances and mental health and well-being of refugees with temporary visas. The study was guided by the following research questions: (a) What were the employment and financial impacts for asylum seekers and refugees on temporary visas resulting from public health measures taken in response to COVID-19? (b) How did these employment and financial impacts of COVID-19 public health measures affect the health and well-being of this group?

METHODS

Study Design

The study was qualitative, with data collected at two time points—one prior to the pandemic, in September 2018 to April 2019, and one during the pandemic, in June to October 2020. The first-round interviews were part of research exploring temporary visas and health, in particular, in relation to the labour market, while the second-round interviews were prompted by potential changes due to COVID-19.

Procedure

Ethics approval was obtained from the Flinders University Social and Behavioural Ethics Committee (Project 7847) and the University of Adelaide Human Research Ethics

Committee (Project 18/87). The potential for issues of coercion and informed consent, confidentiality, and power imbalances was given close consideration (Ziersch et al., 2019). Written and verbal (in the case of phone and videoconference interviews) informed consent was gained from each of the participants prior to interviews. All first-round interviews were conducted face-to-face at various locations chosen by participants, and due to mandated social distancing rules, all second-round interviews were conducted over the phone or by videoconference. Participants were recruited through the research team's refugee and asylum seeker community and service networks. A total of 28 asylum seekers and refugees on temporary visas who had been interviewed prior to the pandemic were contacted again in June 2020, with 15 agreeing to a second interview. The participants in this study had all arrived by boat and were therefore not eligible for permanent protection.

The first-round interviews lasted, on average, 35.17 minutes, and the second-round interviews averaged 38.10 minutes. Two researchers from non-refugee backgrounds, who are women, conducted the interviews. The same three participants in the first and second rounds of interviews elected to use an interpreter. The first-round interviews covered people's experiences in the labour market and impacts on health and well-being as temporary visa holders. The interview schedule covered key aspects of temporary visas highlighted as relevant in the literature (Nickerson et al., 2019; Steel et al., 2011; van Kooy & Bowman, 2019; Ziersch et al., 2019), including facilitators and barriers to employment, experiences of discrimination and exploitation, and impacts on health. The second-round interviews included the same questions to gain comparative data, as well as additional questions developed in response

to the pandemic including whether participants' work, visa, and health circumstances had been affected.

Data Analysis

The data were thematically analyzed using the five-stage framework approach (Ritchie & Spencer, 1994), which involves becoming familiar with the data (close readings of transcripts and field notes); developing a thematic framework across the first and second interviews (completed inductively and iteratively from the data with input from all members of the research team); indexing (coding with NVivo version 12, with a subset double coded); charting (thematic matrices charting each participant against emergent themes and changes in circumstances across the two time points); and mapping and interpretation—for example, where experiences relating to visa uncertainty, employment/financial precarity, impacts of COVID-19, and associated health and well-being impacts were outlined.

Participants

Participants were 15 people (6 women and 9 men) on temporary refugee visas and asylum seeker BVs, aged between 18 and 55 years ($M = 34.4$ years). Two participants had arrived in Australia as unaccompanied minors. In the first round, 10 people had SHEVs and 5 had BVs. Two people had SHEVs approved between interviews, so in the second round, 12 had SHEVs and three had BVs. Participants were from Iran (9), Afghanistan (4), Sri Lanka (1), and Sudan (1). Participants had been in Australia between 5 and 6.5 years. All names used herein are pseudonyms.

RESULTS

To begin, we detail the hyper-precious nature of the participants' lives in relation

to their temporary visa status and precarious employment and financial situations and reported impacts on health and well-being from the first round of interviews. This is to provide context for the changes (or lack thereof) brought about by COVID-19. We then report the themes identified in participants' interviews and the changes in their circumstances due to COVID-19 and health and well-being impacts drawn from the second-round interviews. All quotes included are verbatim.

Hyper-Precarious Lives: Temporary Visas, Employment and Finances, and Impacts on Health and Well-Being Prior to COVID-19

The analysis identified that precarious visa status directly impacted well-being through participants' reports of despair, frustration, hopelessness, and depression, prompted in particular by difficulties finding employment, difficulties within employment, lack of government supports, precarious finances, and ongoing immigration insecurity.

Precarious Visa Status

At the time of the first-round interviews, 10 of the 15 participants had been granted a SHEV after being on BVs for up to five years, and the remaining five participants were on 6–12-month BVs. Two of these five were awaiting their refugee claims to be determined, and three had been refused twice and were awaiting a ministerial review. The ongoing precarity associated with temporary visas, particularly those on BVs, is expressed by Jansher, from Afghanistan, who described "suffering" for six years on BVs before having his SHEV granted:

Maybe seven or eight, up to ten [bridging visas] maybe. Since 2014 we [were] granted a visa for six months and for the second visa we could remember it was for one year but the third one is for six months,

I think, and after that we've been receiving, every three months, a bridging visa.

Yesal, an asylum seeker from Afghanistan who was denied refugee status twice, similarly experienced several years of BVs and at the time of the interview was still on a BV. The ongoing uncertainty, lack of work rights, and family separation left him "in depression a lot." Overall, participants reported ongoing uncertainty due to their temporary visa status, with associated negative impacts on well-being through reports of feeling, for example, "always different," "suffering," and "in depression."

Precarious Workers, Precarious Finances

Nine of the participants were employed during the first round of interviews: seven on a casual basis (one informally), three with full-time hours (≥ 38 hours per week), with the rest working part-time hours (≤ 38 hours per week), and three also engaging in tertiary study. Two participants were self-employed (one as an Uber driver and the other was a business proprietor). The remaining six were unemployed—three were full-time students and one was a part-time student. Those employed worked in transport, hospitality, education, construction, disability, and the aged care sector. Importantly, all participants had experienced between one and three years without work rights, resulting in a continuing cycle of precarity where they were either unable to break into the labour market or shifted between unemployment and informal and/or casual work, with poor working conditions.

All participants described their temporary visa status, lack of local experience, racial/ethnic discrimination, and lack of English-language proficiency as the major barriers to finding employment. Short-term

BVs (3 and 6 months) were described as particularly unattractive to potential employers, as Firash and Esteri (both asylum seekers from Iran awaiting a decision on their SHEV applications) detailed: "I submitted my resume and I was rejected [...] I ticked every box but it wasn't for bridging visas" (Firash); "When they [employers] find out about your visa, they're not very keen on it" (Esteri). Both were ineligible for income support, and while they eventually found casual employment, they had to rely on charities to survive.

Fadil, also an asylum seeker from Iran, had her application and her appeal for refugee status denied and was at risk of being returned to Iran. With three preschool-aged children without childcare benefits, she was unable to work, and her husband was unable to find adequate employment. Without income support, the family's financial situation was highly precarious, and they were relying solely on charitable organizations. During the interview, Fadil was in despair: "It's immigration is difficult here [and] for apply job it's too hard! My husband applied for many, many jobs. He's waiting, waiting, waiting! It's hard." Difficulties securing employment were compounded by experiences of exploitation and discrimination once employed. Several participants indicated that they had been underpaid and treated poorly. For example, Lodhi, an 18-year-old refugee from Afghanistan, said regular underpayment in an informal job left him feeling hopeless: "I had no visa work rights so couldn't find any other job, so I was like this is my only option." Other participants said that they experienced bullying and intimidation, including insults, exclusion, and thinly veiled threats (e.g., being subjected to discriminatory language in the workplace) and felt unable to address their poor treatment because of their temporary visas. Iranian refugee Mirza recounted his efforts:

I talked to union about it and one of them told me [...], "because of your situation, they will investigate more and more about you and if they start to do it and they find out about your visa, finally they've found a way to send you out."

For Mirza, the bullying, and his lack of power to have it addressed due to his temporary visa, left him so stressed he was unable to sleep.

In this first round of interviews, undertaken prior to COVID-19, temporary visas, employment, and financial precarity were reported as key factors affecting health and well-being. Next, we outline the changes in the participants' circumstances due to the measures taken to slow the spread of COVID-19 and the reported health and well-being effects of the COVID-19 pandemic considering these existing stressors.

Employment and Financial Precarity During COVID-19 and Reported Health Impacts

The analysis of the second round of interviews indicated a range of effects on participants' health and well-being through reported increased stress, despair, fear, and worry associated with lost or reduced employment, ineligibility for the federal government's COVID-19 income support, and associated financial precarity. Others were able to rely on some measures of government support and support from charities, though this was limited and conditional. Of significance were the accounts of several participants for whom the impacts of COVID-19 were less problematic than their precarious visa status.

As noted above, 12 of the participants had casual employment leading up to the pandemic, though 2 had changed jobs since the first interview (one moved into a fixed-term role and the other moved from informal hospitality work to Uber driving). At the time

of the second-round interview, 10 people remained employed (with 5 unemployed). All but one of the participants who remained employed were in casual, low- to semi-skilled work in the service industry, disability care, health care, or education, with two of these self-employed as Uber drivers. These precarious workers were negatively impacted by COVID-19, through reduced or no hours, or its impacts on businesses for approximately three months (the approximate length of the more significant lockdowns in South Australia). The two additional unemployed people were a business owner who had to close his business and a casual building contractor who was unable to secure hours. The existing unemployed people were BV holders who were unable to secure employment and a SHEV holder caring for his sick wife.

Yesal (an asylum seeker from Afghanistan), who was being underpaid in hospitality when first interviewed, had begun working as an Uber driver in the months before COVID-19 arrived in Australia. He had no work for almost three months and since returning to work had been unable to earn enough money to buy the food he likes to eat. He has also struggled to pay his rent because of low demand for work. He described the impact of these circumstances on his well-being:

I have a lot of problem with my memory during the COVID-19—it's getting more [worse] I just book an appointment [...] I just forgot it so quick [...] I—I forgot everything unfortunately. [It's caused] by stress, by, you know, just a lot of pressure, you know?

COVID-19 forced SHEV holder Lodhi, also from Afghanistan, to close his business, which he and his brother had built into a successful enterprise, leaving him unable to service the business loan he took out to pay for equipment. Lodhi described being frozen

with fear at the time, which made it difficult to make decisions and look for alternative work: "I was stressing a lot rather than searching or looking around I was stressing, a lot, what to do." When interviewed, Lodhi had just come out of hospital, where he had been for several weeks after being assaulted and suffering a brain injury. His circumstances were such that he was unable to see a way to repay his loans or to find employment while waiting for medical clearance to work.

Other participants also gave accounts of their employment being negatively impacted by COVID-19. For example, Nousha, from Iran, had been on a BV without work rights for two years before being granted a SHEV in 2018. She had struggled to find work in her area of expertise—graphic design. Instead, she worked casually (often 30–60-minute shifts) in aged care and then disability support, which resulted in a chronic back injury, financial insecurity, and feelings of hopelessness, sadness, and frustration. After years of failed attempts, Nousha had secured an interview for a role in her area of expertise, but the COVID-19 outbreak meant that the company suspended all recruitment. Nousha described the emotional impact:

When you are financially not secure, then the, ah, first mentally you're—ah, you feel more—you know, more down and anxiety of, ah, what's going to happen and we are not that young at the moment [...] but we are still in the beginning, we have to just build everything back again.

With a turn of phrase used paradoxically, Nousha went on to express the compounding impact of COVID-19 on her sense of precarity and the anxiety that this induced: "We don't have a decent visa and we don't know what is going on. It's all this—it's a lot of anxiety and then—then this COVID was like an icing on top of it."

Tertiary students Arezoo and Ziba (SHEV holders) both worked at their university in student administration, but the pandemic led to the suspension of their work. Ziba described the devastating impact this had:

I was getting very nervous, and very worried, what if I lose my job—um, so yeah. [...] And I told you, like, sometimes I support my relatives in Iran as well. Like, myself, my family, and then my relatives—so, yeah. It wasn't a good situation, so yeah. I started panicking, and I was nervous a lot.

While both women returned to their jobs after three months, they expressed concerns about completing their degrees, undertaking hard-to-secure internships, and gaining jobs in their field and a potential pathway to permanent residency through applying for a skilled visa. Arezoo put it this way:

In the terms of, ah, jobs opportunity and internship opportunity definitely the COVID-19 impact those. [...] I'm trying to—I know I'm doing my best to go through this patch and get my permanent residency I'm really scared and stressed of the future. Like I'm just asking God to help me to get an internship and find a job. [...] But it's been really hard because of our visa.

For other participants, COVID exacerbated not only visa issues but also discrimination. For example, construction worker and tertiary student Nehad from Sudan detailed losing his job because of construction work being suspended during the height of COVID-19 in South Australia and the difficulties securing work in a competitive environment because of his race and English-language skills. Nehad accessed casual employment through a labour hire company but at the time of the interview had not obtained further work despite hearing that some construction work had resumed. When asked why he thought this was the case, he stated that the labour hire company "is going to use race" and that language issues might

also have an effect: "More people that can speak good language." Nehad was tearful when describing these challenges: "It's really hard, like, I really just want to go home [...] back to my country."

Support: Non-Governmental Organizations and Government

The income support introduced by the federal government in April 2020 for those whose employment or job seeking was impacted by COVID-19 was not available to temporary visa holders. BV holders could access a one-off Economic Support Payment from Red Cross, and SHEV holders were only eligible to apply for a special benefit (89% of income support payment) and a small coronavirus supplement.

Four SHEV holders indicated that they were receiving income support because of COVID-19 (Jansher was already receiving a special benefit due to caring for his sick wife prior), while the others noted their ineligibility and did not bother applying. Those receiving the payments indicated that it was not a straightforward process. As Nehad shared, he applied through both departments before being approved for a special benefit through immigration: "I went to [the welfare office] and I applied for [assistance] and they rejected. I apply for special benefit, so they rejected and then they approved [through immigration] the last time, they accepted my request." These payments were described as helpful by recipients: "I'm receiving the payment from the government, so it didn't affect me that much, but if I didn't, I would have been in so much trouble" (Benham). However, Mirza offered a more troubling appraisal of the use of income support by those on SHEVs. Working as a volunteer for a refugee charity, Mirza observed the fear that many SHEV holders have that tak-

ing government assistance will impact their chances of staying in Australia:

The worst part is you don't know what will happen to your visa, what was going on? We had this chat every day, that if you are on SHEV visa and you want to use this [income support], or things like this, you will lose opportunity for next visa, and many is afraid to go to Centrelink, explain what's their situation.

While the government loosened requirements for SHEV holders who have been impacted by COVID-19 and are seeking to meet the SHEV pathway requirements, the precarity with which refugees on temporary visas live can produce government agencies' suspicion in the way described by Mirza.

A small number of other SHEV holders who were ineligible for income support and had lost their jobs due to COVID-19 were receiving financial support through charities. Firash from Iran received ongoing support from an Australian couple who took him in to live with them and assist with his tuition and other expenses, which "means quite a lot because [...] if something goes wrong, I can go out and ask help from them." For Firash, being relatively well insulated from the financial effects of the pandemic was protective for his health and well-being: "I would have ended up in hospital. So I don't know if [...] I would have been alive today."

Yesal, a BV holder, borrowed money from family when his earning capacity as an Uber driver decreased. The two unemployed BV holders, Randul, from Sri Lanka, and Fadil, from Iran, were relying solely on charitable organizations for survival, which was problematic given the closing of many services during COVID-19 lockdowns in South Australia. For example, Fadil (through an interpreter) indicated challenges: "The supports that she used to get, like, many from other places like, you know, that was quite a lot less or it wasn't at all [...] it definitely has affected her financially."

Immigration Precarity Is Worse for Health than a Pandemic

While participants noted a range of negative effects from financial and job precarity during COVID-19, the ongoing uncertainty associated with living on a temporary visa was framed by several of the participants as the central factor affecting their health and well-being and was seen as far more damaging than the impacts of the pandemic itself. Yesal, from Afghanistan, was at risk of being returned to Pakistan at the time of the interview, after being refused protection. Having endured years of no work rights and financial precarity in Australia, he contrasted the impacts of COVID-19 with the health and well-being effects of chronic uncertainty:

I have a—some mental problem health and other heart problem and forgetting problem, but I can't say it's [because of COVID-19]. I have those problems because of the waiting, the waiting, waiting for nothing [...]. The COVID-19, it's not really important for me, because I—I couldn't work for five years [...]. I spend this time without income, without the Centrelink, without any support. [...] Sometime[s] I had nothing to eat and have no place to sleep; [with COVID] I just lost my job for two months and 20 days without any government support, whatever, I don't care about this. I can live without money here, but I can't live without [knowing], that waiting, waiting for nothing. I don't know anything about tomorrow, what's going to happen. Maybe they just kick me out from Australia. [...] That's really hard for me [so] the COVID-19 is not that important. [...] Yeah. Unfortunately, I have one other important [issue] very—more than important than COVID-19, the way visa has gone.

Other participants on SHEVs—which offer some certainty relative to BVs—mirrored the sentiments expressed by Yesal that their immigration circumstances had a greater impact on health and well-being than any effects the pandemic may have had on them:

[I'm] suffering from things that every time affect my emotional things all the time. [...] For 10 years [...]

we are like temporary people staying in Australia and we don't know what's happening next year. [...] Always wishing, wishing but never our dream come true. [...] I think it's a big problem for refugee with a temporary visa. (Jansher)

Not a single day has passed that I'm not thinking about my visa. Yeah. Because it's been a barrier for me to live in Australia. I mean, like, in terms, like, getting a job. (Ziba)

They noted that the confusion and despair that is the result of living precariously was ever-present. Mirza put it like this:

The concept of our visa make everything confusing. It is not about just—COVID was huge, but during the day it [temporary visa] is confusing, you can't imagine. It is happening every single day in your life. [...] Many people can't manage it.

DISCUSSION

This article has sought to examine the impacts of public health measures taken in response to COVID-19 on employment and financial precarity experienced by refugees and asylum seekers on temporary visas and the associated effects on health and well-being. Most interviewees were experiencing significant financial precarity before COVID-19, which they attributed to their precarious employment or unemployment and conditions associated with their temporary visas. The effects of this interplay between visa, employment, and financial precarity were exacerbated by the COVID-19 pandemic, resulting in a range of reported negative impacts on health and well-being. However, for many of the participants in this study, the more general precarity of their visas overrode these concerns, since their lives were already so precarious, and COVID-19 was seen as having little additional impact. The findings have significant implications for immigration and welfare policy, particularly in relation to asylum seekers and refugees living in Australia on temporary or bridging visas.

In relation to employment, the first- and second-round interviews provide a picture of the participants' precarious work trajectories, reflecting the findings of other studies on workers with temporary visas (Aho-nen et al., 2007; Colic-Peisker & Tilbury, 2007; Hargreaves et al., 2019; Syed, 2016; Ziersch et al., 2019). This study's participants were subjected to restrictive immigration policies through long periods on short-term visas and periods of time without work rights, which contributed to precarity more generally. For some participants, the public health measures taken in response to COVID-19 in South Australia (e.g., lockdowns and social distancing) had significant and compounding effects through loss of jobs or reduced hours or pay. Participants linked their difficult employment and financial circumstances to poorer health and well-being outcomes, reflecting previous research more generally, outside pandemic circumstances (Bogic et al., 2015; Funk et al., 2012; Hynie, 2018; Lund et al., 2010; Porter & Haslam, 2005).

Notably, as temporary visa holders, participants were ineligible for the suite of government assistance offered to permanent residents and citizens in Australia. van Kooy (2020) has estimated that the cost to the government of extending the financial safety net to the approximately 22,000 unemployed TPV, SHEV, and BV holders would have been insignificant—just 2% on top of existing COVID-19 budget measures—compared to the much greater projected longer-term costs in terms of homelessness, income losses, and health, social justice, and other services required. Instead, the government's focus on citizens and permanent residents reflected "prejudicial shortcomings" (De Nardi & Phillips, 2021) towards vulnerable migrant communities enacted in Australia in response to COVID-19. In later

outbreaks of the virus in 2021, the Australian federal government was more inclusive in short-term financial relief payments, with temporary visa holders with work rights being eligible. This is a welcome development, but the most vulnerable—those with no work rights—remain excluded and in especially precarious conditions.

While public health measures taken in response to COVID-19 exacerbated employment and financial precarity for asylum seekers and refugees on temporary visas, a key finding of this study is that visa precarity itself causes the most harm to health and well-being. Other studies similarly highlight the broad range of negative health and well-being impacts on refugees of temporary visas themselves—namely, feelings of despair, sadness, worry and fear, and not having control over one's life, as well as, at times, symptoms associated with mental illness such as depression and anxiety (Hartley & Fleay, 2017; Johnston et al., 2009; Marston, 2003; Newnham et al., 2019; Nickerson et al., 2019; Steel et al., 2011). Uncertainty and its relationship to a fear of the unknown has been shown in broader literature to underly generalized anxiety (Carleton et al., 2013; Gentes & Ruscio, 2011) and is particularly harmful for people with PTSD (Oglesby et al., 2017) or who have experienced trauma (Oglesby et al., 2016). Importantly, the adverse effects of ongoing family separation on the mental health of asylum seekers and refugees have been repeatedly demonstrated (i.e., elevated depression, post-traumatic stress and anxiety symptoms, increased disability, and reduced quality of life) (Miller et al., 2018; Nickerson et al., 2010; Savic et al., 2013).

As such, punitive and restrictive Australian immigration and welfare policy "manufactures precarity" and underpins the key health risks to asylum seekers and refugees on temporary visas (van Kooy & Bowman, 2019).

Under current policy settings, SHEV holders must overcome unreasonable barriers to satisfy the work and study requirements to be eligible to apply for a non-humanitarian visa (Reilly, 2018). While the government did institute a COVID-19 "concession period" for those seeking to meet the SHEV pathway requirements—which enables holders to count periods of time towards the pathway requirement if they access "special benefit" payments, are unemployed, or work outside a SHEV regional area in an essential service—pathways to non-humanitarian visas remain opaque at best. SHEVs started to come up for renewal from October 2020 (the point in time five years after the first SHEVs were granted). However, it remains to be seen whether SHEV holders will be able to access other migration visa pathways. This traps people in an ongoing cycle of insecurity, with the consequent negative impacts on health and well-being.

Overall, this study's findings indicate that TPVs and SHEVs must be abolished, and current holders transitioned to permanent visas. Notwithstanding the serious implications for health inequity embedded in Australia's immigration and welfare policies, questions remain as to whether temporary protection is consistent with international law (Kaldor & Kaldor, 2020). The punitive justification of temporary protection has also been highlighted as constituting a penalty in violation of article 31 of the Refugee Convention (UNHCR, 1951), as well as Australia's obligation under article 7 of the International Covenant on Civil and Political Rights (Edwards, 2003; McAdam & Garcia, 2009). Moreover, temporary visas create two classes of refugees—those who come to Australia by unauthorized means and those who do not—further constituting a breach of the right to non-discrimination (Kaldor & Kaldor,

2020; McAdam & Garcia, 2009). We acknowledge the need for bridging visas while claims to asylum are being processed but argue that these should come with the same welfare and work rights as others. Urgent immigration reform is also needed through the abolishment of the "fast-track" process. Additional resources are also required to increase the Immigration Department's capacity to process asylum claims in an appropriate time frame. Last, legal funding is required to assist asylum seekers in their claims.

Limitations

This study has examined the lived experiences of a group of precarious refugees and asylum seekers and provided insight into the impact of visa and financial precarity on their lives and the impact of a pandemic on this. However, there were a number of limitations. For instance, given all refugee and asylum seeker participants were financially precarious, it was not possible to unpack how different levels of financial precarity might affect health, and the small sample size prohibited a systematic examination of the impact of different factors such as country of origin, time in Australia, and family circumstances.

As the pandemic draws on, exploring longer-term impacts on employment and financial outcomes, including their relationship to longer-term health and well-being trajectories, will be important to track. This includes whether increased eligibility for more recent financial relief payments helps to ameliorate the impacts of COVID-related public health measures on financial precarity or whether visa precarity continues to be the major issue. Future research should also examine whether transitioning to more permanent visas—should that eventually happen for SHEV holders—improves health and well-being.

CONCLUSION

In summary, current immigration and welfare policies place refugees and asylum seekers on temporary visas at financial risk and expose them to long periods of uncertainty. These stressors have been compounded by COVID-19 and the measures to reduce its effects, as well as the governments' refusal to provide protective health and well-being safety nets to temporary visa holders. The health impacts of this can be significant and long lasting and warrant urgent reform.

ABOUT THE AUTHORS

Moira Walsh is an Early Career Researcher in the Flinders Health and Medical Research Institute, Flinders University. She can be reached at moira.walsh@flinders.edu.au.

Clemence Due is an Associate Professor in Psychology at the University of Adelaide. She can be reached at clemence.due@adelaide.edu.au.

Anna Ziersch is an Associate Professor in the Flinders Health and Medical Research Institute, Flinders University. She can be reached at anna.ziersch@flinders.edu.au.

DISCLOSURE STATEMENT

No known conflict of interest was reported by the authors.

FUNDING

The research was supported by the Flinders Foundation, the Barbara Kidman Foundation, and Flinders University.

ACKNOWLEDGEMENTS

We would like to acknowledge the research participants for generously sharing their stories.

ORCID

Moira Walsh  <https://orcid.org/0000-0002-3669-6578>

REFERENCES

- Ahonen, E. Q., Benavides, F. G., & Benach, J. (2007). Immigrant populations, work and health—a systematic literature review. *Scandinavian Journal of Work, Environment & Health*, 33(2), 96–104. <https://doi.org/10.5271/sjweh.1112>
- Amerijckx, G., & Humblet, P. C. (2014). Child well-being: What does it mean? *Children & Society*, 28(5), 404–415. <https://doi.org/10.1111/chso.12003>
- Anderson, B. (2010). Migration, immigration controls and the fashioning of precarious workers. *Work, Employment and Society*, 24(2), 300–317. <https://doi.org/10.1177/0950017010362141>
- Australian Red Cross. (2020). *COVID-19 impacts us all: Ensuring the safety and well-being of people on temporary visas during COVID-19*. <https://www.redcross.org.au/globalassets/corporatecms-migration/publications-research--reports/australian-red-cross-covid-19-tempvisa-report-web.pdf>
- Benach, J., Vives, A., Amable, M., Vanroelen, C., Tarafa, G., & Muntaner, C. (2014). Precarious employment: Understanding an emerging social determinant of health. *Annual Review of Public Health*, 35, 229–253. <https://doi.org/10.1146/annurev-publhealth-032013-182500>
- Blythe, R., Clarke, J., Connell, T., Wallace, J., & Woods, C. (2018). *States of refuge: Access to health, housing and education for people seeking asylum and refugees in Australia*. Liberty Victoria's Rights Advocacy Project.
- Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: A systematic literature review. *BMC International Health and Human Rights*, 15, Article 29. <https://doi.org/10.1186/s12914-015-0064-9>
- Carleton, R. N., Fetzner, M. G., Hackl, J. L., & McEvoy, P. (2013). Intolerance of uncertainty as a contributor to fear and avoidance symptoms of panic attacks. *Cognitive Behaviour Therapy*, 42(4), 328–341. <https://doi.org/10.1080/16506073.2013.792100>
- Colic-Peisker, V., & Tilbury, F. (2007). *Refugees and employment: The effect of visible difference on discrimination*. Centre for Social and Community Research, Murdoch University. <http://researchrepository.murdoch.edu.au/id/eprint/10991>
- Davidson, H. (2019, October 8). Australia on track for record number of asylum seekers arriving by plane, Labor says. *The Guardian*. <https://www.theguardian.com/australia-news/2019/oct/08/australia-on-track-for-record-number-of-asylum-seekers-arriving-by-plane>
- De Nardi, S., & Phillips, M. (2021). The plight of racialised minorities during a pandemic: Migrants and refugees in Italy and Australia. *Equality, Diversity and Inclusion: An International Journal*, 41(1), 98–111. <https://doi.org/10.1108/EDI-08-2020-0248>
- Dempster, H., Ginn, T., Graham, J., Guerrero Ble, M., Jaysainghe, D., & Shorey, B. (2020, July 8). *Locked down and left behind: The impact of COVID-19 on refugees' economic inclusion*. Center for Global Development, Refugees International, and International Rescue Committee. <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-covid-19-on-refugees-economic-inclusion>
- Department of Home Affairs. (n.d.). *Visa statistics-Statistical information on visit, study, work, migration and humanitarian visas*.

- <https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/humanitarian-program>
- Department of Home Affairs. (2020a, June 30). *Illegal maritime arrivals on Bridging E visa*. <https://www.homeaffairs.gov.au/research-and-stats/files/illegal-maritime-arrivals-bve-31-mar-2021.pdf>
- Department of Home Affairs. (2020b). *Status resolution service*. <https://immi.homeaffairs.gov.au/what-we-do/status-resolution-service/status-resolution-support-services>
- Edwards, A. (2003). Tampering with refugee protection: The case of Australia. *International Journal of Refugee Law*, 15(2), 192–211. <https://doi.org/10.1093/ijrl/15.2.192>
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet*, 365(9467), 1309–1314. [https://doi.org/10.1016/S0140-6736\(05\)61027-6](https://doi.org/10.1016/S0140-6736(05)61027-6)
- Funk, M., Drew, N., & Knapp, M. (2012). Mental health, poverty and development. *Journal of Public Mental Health*, 11(4), 166–185. <https://doi.org/10.1108/17465721211289356>
- Gentes, E. L., & Ruscio, A. M. (2011). A meta-analysis of the relation of intolerance of uncertainty to symptoms of generalized anxiety disorder, major depressive disorder, and obsessive-compulsive disorder. *Clinical Psychology Review*, 31(6), 923–933. <https://doi.org/10.1016/j.cpr.2011.05.001>
- Hargreaves, S., Rustage, K., Nellums, L. B., McAlpine, A., Pocock, N., Devakumar, D., Aldridge, R. W., Abubakar, I., Kristensen, K. L., Himmels, J. W., Friedland, J. S., & Zimmerman, C. (2019). Occupational health outcomes among international migrant workers: A systematic review and meta-analysis. *The Lancet Global Health*, 7(7), E872–E882. [https://doi.org/10.1016/S2214-109X\(19\)30204-9](https://doi.org/10.1016/S2214-109X(19)30204-9)
- Hartley, L., & Fleay, C. (2017). "We are like animals": Negotiating dehumanising experiences of asylum-seeker policies in the Australian community. *Refugee Survey Quarterly*, 36(4), 45–63. <https://doi.org/10.1093/rsq/hdx010>
- Hollifield, M., Warner, T. D., Lian, N., Krakow, B., Jenkins, J. H., Kesler, J., Stevenson, J., & Westermeyer, J. (2002). Measuring trauma and health status in refugees: A critical review. *JAMA*, 288(5), 611–621. <https://doi.org/10.1001/jama.288.5.611>
- Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. *The Canadian Journal of Psychiatry*, 63(5), 297–303. <https://doi.org/10.1177/0706743717746666>
- Johnston, V., Allotey, P., Mulholland, K., & Markovic, M. (2009). Measuring the health impact of human rights violations related to Australian asylum policies and practices: A mixed methods study. *BMC International Health and Human Rights*, 9, Article 1. <https://doi.org/10.1186/1472-698X-9-1>
- Júnior, J. G., de Sales, J. P., Moreira, M. M., Pinheiro, W. R., Lima, C. K. T., & Neto, M. L. R. (2020). A crisis within the crisis: The mental health situation of refugees in the world during the 2019 coronavirus (2019-nCoV) outbreak. *Psychiatry Research*, 288, Article 113000. <https://doi.org/10.1016/j.psychres.2020.113000>
- Kaldor, A., & Kaldor, R. (2020). *Temporary protection visas (TPVs) and safe haven enterprise visas (SHEVs)*. Kaldor Centre for International Refugee Law. https://www.kaldorcentre.unsw.edu.au/sites/kaldorcentre.unsw.edu.au/files/Factsheet_TPVsSHEV_Apr2019.pdf
- Kenny, M. A., Procter, N., & Grech, C. (2016). Mental health and legal representation for asylum seekers in the 'legacy caseload'. *Cosmopolitan Civil Societies—An Interdisciplinary Journal*, 8(2), 84–103. <https://doi.org/10.5130/ccs.v8i2.4976>
- Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science & Medicine*, 71(3), 517–528. <https://doi.org/10.1016/j.socscimed.2010.04.027>
- Marmot, M. (2002). The influence of income on health: Views of an epidemiologist. *Health Affairs*, 21(2), 31–46. <https://doi.org/10.1377/hlthaff.21.2.31>
- Marston, G. (2003). *Temporary protection, permanent uncertainty: The experience of refugees living on temporary protection visas*. Centre for Applied Social Research.
- McAdam, J., & Garcia, T. (2009, June 10). *Submission on refugees and asylum seekers: Submission to the national human rights consultation*. University of New South Wales, Faculty of Law.
- Miller, A., Hess, J. M., Bybee, D., & Goodkind, J. R. (2018). Understanding the mental health consequences of family separation for refugees: Implications for policy and practice. *American Journal of Orthopsychiatry*, 88(1), 26–37. <https://doi.org/10.1037/ort0000272>
- Newland, K. (2020). Lost in transition. *Science*, 368(6489), 343. <https://doi.org/10.1126/science.abc3197>
- Newnham, E. A., Pearman, A., Olinga-Shannon, S., & Nickerson, A. (2019). The mental health effects of visa insecurity for refugees and people seeking asylum: A latent class analysis. *International Journal of Public Health*, 64, 763–772. <https://doi.org/10.1007/s00038-019-01249-6>
- Nickerson, A., Bryant, R. A., Steel, Z., Silove, D., & Brooks, R. (2010). The impact of fear for family on mental health in a resettled Iraqi refugee community. *Journal of Psychiatric Research*, 44(4), 229–235. <https://doi.org/10.1016/j.jpsychires.2009.08.006>
- Nickerson, A., Byrow, Y., O'Donnell, M., Mau, V., McMahon, T., Pajak, R., Li, S., Hamilton, A., Minihan, S., Liu, C., Bryant, R. A., Berle, D., & Liddell, B. J. (2019). The association between visa insecurity and mental health, disability and social engagement in refugees living in Australia. *European Journal of Psychotraumatology*, 10(1), 1688129–1688129. <https://doi.org/10.1080/2008198.2019.1688129>
- Oglesby, M. E., Boffa, J. W., Short, N. A., Raines, A. M., & Schmidt, N. B. (2016). Intolerance of uncertainty as a predictor of post-traumatic stress symptoms following a traumatic event. *Journal of Anxiety Disorders*, 41, 82–87. <https://doi.org/10.1016/j.janxdis.2016.01.005>
- Oglesby, M. E., Gibby, B. A., Mathes, B. M., Short, N. A., & Schmidt, N. B. (2017). Intolerance of uncertainty and post-traumatic stress symptoms: An investigation within a treatment seeking trauma-exposed sample. *Comprehensive Psychiatry*, 72, 34–40. <https://doi.org/10.1016/j.comppsy.2016.08.011>
- Porter, M., & Haslam, N. (2005). Predisplacement and post-displacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA*, 294(5), 602–612. <https://doi.org/10.1001/jama.294.5.602>
- Rees, S., & Fisher, J. (2020). COVID-19 and the mental health of people from refugee backgrounds. *International Journal of Health Services*, 50(4), 415–417. <https://doi.org/10.1177/0020731420942475>
- Refugee Council of Australia. (2017). *State of the nation: Refugees and people seeking asylum in Australia*. <https://www.refugeecouncil.org.au/state-nation-2017/>
- Reilly, A. (2016). Asylum seekers in the community: The importance of work for a decent life. *Australian Journal of Human Rights*, 22(1), 1–25. <https://doi.org/10.1080/1323-238X.2016.11882156>
- Reilly, A. (2018). The vulnerability of safe haven enterprise visa holders: Balancing work, protection and future prospects. *University of New South Wales Law Journal*, 41(3), 871–900. <https://doi.org/10.53637/RQMP8264>

- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman, & G. Burgess (Eds.), *Analyzing qualitative data* (pp. 173–194). Routledge.
- Savic, M., Chur-Hansen, A., Mahmood, M. A., & Moore, V. (2013). Separation from family and its impact on the mental health of Sudanese refugees in Australia: A qualitative study. *Australian and New Zealand Journal of Public Health, 37*(4), 383–388. <https://doi.org/10.1111/1753-6405.12088>
- Steel, Z., Momartin, S., Silove, D., Coello, M., Aroche, J., & Tay, K. W. (2011). Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Social Science & Medicine, 72*(7), 1149–1156. <https://doi.org/10.1016/j.socscimed.2011.02.007>
- Syed, I. U. (2016). Labor exploitation and health inequities among market migrants: A political economy perspective. *Journal of International Migration and Integration, 17*(2), 449–465. <https://doi.org/10.1007/s12134-015-0427-z>
- UNHCR. (1951). *The refugee convention, 1951*. <https://www.unhcr.org/4ca34be29.pdf>
- UNHCR. (2020). What is a refugee? <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/>
- van Barneveld, K., Quinlan, M., Kriesler, P., Junor, A., Baum, F., Chowdhury, A., Junankar, P. R., Clibborn, S., Flanagan, F., Wright, C. F., Friel, S., Halevi, J., & Rainnie, A. (2020). The COVID-19 pandemic: Lessons on building more equal and sustainable societies. *The Economic and Labour Relations Review, 31*(2), 133–157. <https://doi.org/10.1177/1035304620927107>
- van Kooy, J. (2020, July). *COVID-19 and humanitarian migrants on temporary visas: Assessing the public costs*. Refugee Council of Australia. <https://www.refugeecouncil.org.au/wp-content/uploads/2020/07/COVID-19-van-Kooy-.pdf>
- van Kooy, J., & Bowman, D. (2019). "Surrounded with so much uncertainty": Asylum seekers and manufactured precarity in Australia. *Journal of Ethnic and Migration Studies, 45*(5), 693–710. <https://doi.org/10.1080/1369183x.2018.1427563>
- World Health Organization. (1946). *Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference*.
- Ziersch, A., Due, C., Arthurson, K., & Loehr, N. (2019). Conducting ethical research with people from asylum seeker and refugee backgrounds. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 1871–1889). Springer. https://doi.org/10.1007/978-981-10-5251-4_50



This open access work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

This license allows for non-commercial use, reproduction and adaption of the material in any medium or format, with proper attribution.