

Health Requirement Review

From: [REDACTED]
Sent: Sunday, 5 November 2023 12:20 PM
To: Health Requirement Review
Subject: Submission for Review of Australia's visa Significant Cost Threshold

To whom this concerns,

My name is [REDACTED] and I am an Australian born resident in regional NSW. This submission is regarding the Significant Cost Threshold and the Potential Policy Settings for Comment. I will briefly outline improvements I believe can and should be made to bring Australian immigration policy up to a more fair and reasonable standard.

First, "Revising how the 'average' cost of an Australian is calculated":

There are understandable difficulties in calculating an annual average with substantial time delays in the reporting of information used in the calculation. With this in mind I have no reasonable suggestions to make to improve this calculation. However, recognizing the Department of Home Affairs has already received a range of Feedback I strongly recommend that any considerations being made to adjust the 'average' are to be based on the need to determine the true average cost of an Australian with expected health conditions. It is only fair to compare VISA applicants with known health conditions to the average Australian with known health conditions. Calculations that include healthy or low cost Australians in the average calculation skews it, making it look like Australians with health conditions cost less on average with equivalent conditions.

Second, "Redefining 'Significant' in the SCT"

Our current definition of 'Significant' is woeful. Regarding someone as being a 'Significant' cost burden for simply being slightly over the average cost of an Australian is ridiculous. In most other fields the definition of 'Significant' would be reserved for the top 10% of a population, such as in determining something is statistically significant. If we were to look at the whole of the Australian population with known health conditions we would not say 50% are always a 'Significant' cost burden on our health system. Recognizing that across different fields 'Significant' can easily range from 20% to 1% and that it would be impractical to set the threshold at an upper percentage point without being exposed to greater risk of outliers skewing the result I support the concept of following the lead of countries like Canada and New Zealand to set the Significant Cost Threshold at double the 'average' cost of an Australian. 'Significant' should mean "an amount well above the average estimated costs, to the extent that it is any amount estimated to be in excess of double the average estimate value"

Third, "Examining the level of the threshold"

I have addressed this in addressing the second point in redefining the word 'Significant'. Doubling the SCT will help many VISA applicants avoid failing this threshold for simply having average health care costs and is a vital reform.

Fourth, "Examining Special Education as a costing"

The core concern when it comes to this element is that most children with a disability born in Australia to people who hold a temporary visa do not meet the health requirement due to their estimated community service costs, including special education. A significant flaw in the calculation is due to using 10 times an annual estimate of service costs and comparing this to an average representing a five-yearly per person expenditure. This assessment makes no provision for increasing average Australian costs over the projected 10 year period, which results in only those with expected costs well below that of an average Australian passing the SCT. I have a son with Autism, ADHD and other minor disorders. While I do not wish to submit his exact costs as part of this it would be safe to assume his service cost would be reasonably high, considering he has regular medications, speech therapy sessions, occupational therapy sessions, dietician support, psychologist support and learning supports provided through school to name a few expenses. It would be impossible for us to meet the SCT of \$51,000 that is imposed on VIAS holders if we calculated expenses based on 10 years and this is for a child that is hardly considered to be a severe case.

I am of the strong view that when assessing costs for a provisional or permanent visa applicant or for a child with a disability born in Australia the assessment should be capped at a projection of 5 years or that the SCT used in the assessment be doubled (on top of the redefinition and level elevation proposed in parts two & three). Using the SCT of \$51,000 it would be doubled to \$102,000 based on parts two & three above. A permanent skilled visa applicant with a permanent chronic health condition would then either be evaluated on 5 years * \$11,700 = \$58,500 assessed against \$102,000 or if still evaluated on 10 years at \$117,000 would be assessed against the SCT boosted to \$204,000. In both cases they would pass.

Applying this to the child with Autism example it would result in 5 years * \$27,882 = \$139,410 assessed against \$102,000 or 10 years at \$278,820 assessed against \$204,000. In both cases they would fail, however they are failing against a threshold far more representative of someone with a 'Significant' health condition.

Fifth, "The impact of the migration health requirement on non-citizen children born with a disability in Australia to people on temporary visas."

As my family is entirely Australian born and no one I personally know are not migrants with health conditions it is difficult for me to comment on this part. However, I have come across plenty of examples online through petitions, news sites and immigration related support organizations of hard working migrant families having their lives uprooted and destroyed because of a child born with a health condition beyond their control. This is always reported as having a substantial psychological toll on the whole family on top of having your whole life turned upside down. The impact of failing assessments based on non-citizen children born with a disability in Australia is disproportionately harsh compared to those that fail assessments before arriving and establishing a new home. I dread to imagine the number of pregnancies that have been terminated or children going without diagnosis and treatment to avoid the current SCT. To this end I would strongly encourage reform in this space to allow some form of consideration that removes the perspective of it being a punishment on the whole family for a child to be born with a disability.

I appreciate being given the opportunity to make a submission to this review and sincerely hope to see positive reforms be made to bring Australian immigration policy into a much more fair and embracing setting. Migrants deserve to be treated fairly and not punished for health conditions beyond their control.

Regards,


Resident of NSW, Australia