

GLOBALISATION AND THE POLICING OF INTERNAL BORDERS

Resisting the structurally embedded border

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This is the first instalment in a series of research briefs about a three-part study Globalisation and the Policing of Internal Borders being conducted by Associate Professor Leanne Weber. The project aims to identify continuities in 'internal bordering practices' across three distinct, yet related, case studies.

1. The first case study explores the role of education and health care providers in enacting the structurally embedded border.
2. The second investigates how the policing of young people from diverse backgrounds delineates boundaries of belonging.
3. The third examines ways in which the selective application of income management policies to Aboriginal communities reinvigorates neo-colonial boundaries.

More information about the overall project is available [here](#). This research brief reports findings from the initial stages of case study one on the structurally embedded border.

Overview

Twenty eight key informant interviews were conducted between 2015 and 2017 with health care providers (8), education providers (7), not-for-profit providers of legal and community support services (8), and related government agencies at the state and federal level (5), mostly in the state of Victoria. The aim was to identify whether providers of essential health and education services were being incorporated, perhaps unwittingly, into migration policing networks that can be thought of as a structurally embedded border. While the study was not restricted to asylum seekers, this report will focus on the provision of services to that group.

[Previous research](#) had established that this bordering process works via both attrition and surveillance.

1. Firstly, by denying services to some categories of non-citizens on the basis of immigration status, with a view, in some cases, of promoting 'voluntary departures' through strategies of attrition.
2. Secondly, by extending the border surveillance apparatus of the state, as services agencies are required or encouraged to report information about non-citizens that could affect their eligibility to remain in Australia.

A second stage of the study involves an online survey of education and health providers who have been asked to report on the impact of these border control measures in their workplaces. More comprehensive findings about the extent and nature of the structurally embedded border in Australia will be reported once the survey data has been analysed. This research brief focuses on examples that emerged from the interviews of state-level health providers and independent NGOs *resisting* their incorporation into the structurally embedded border. Forms of resistance were found to align precisely with the two dimensions of the structurally embedded border outlined above.

Filling gaps in access to services

Service providers funded by state government or through other independent sources often sought to resist the dimension of the structurally embedded border that works via attrition by 'filling gaps' in federal services. A guarantee of emergency hospital care for asylum seekers without Medicare cover had been negotiated in Victoria through the auspices of a state health care policy for refugees, and education departments in both Victoria and NSW reportedly supported universal access to school places, although the implementation of these policies in both hospitals and schools was said to be variable. Intensive lobbying for funding for asylum seekers to attend secondary school beyond the age of 18 had been a successful act of resistance to this particular restriction. Interviewees also reported cases of individual advocacy, both in an effort to obtain services for individual asylum seekers, and also at times to assist with immigration matters.

Resisting incorporation into migration policing networks

Agencies contracted to federal government to provide services for asylum seekers under the Status Resolution Support Scheme are required to report incidents such as criminal offending and victimization and non-attendance at school that potentially breach stringent bridging visa requirements. Interviewees from one such agency believed the tension between these contractual requirements and duties to clients could be resolved through adherence to DHA risk management guidelines. However this entanglement in the structurally embedded border was seen by other participants as a breach of trust. Concerns were expressed about requests to share information with immigration authorities in both education and health settings, although some service providers were thought to be likely to comply without being aware of the implications. However, it was suspected that most information exchange occurred at organisational levels via MOUs, and was therefore beyond the control of individual service providers.

Countering resistance

The ever-present threat of re-detention acts as a check on criticism and resistance. In the face of resistance to incorporation into the structurally embedded border, federal government has taken additional steps including the enactment of legislation to prevent health professionals from reporting on abuses in offshore detention that has also had a chilling effect on those who provide care for asylum seekers in the community. And it appears that the hard-won funding for schooling of asylum seekers beyond 18 has been withdrawn in yet another crackdown on access to services.

Conclusion

Interviewees were often motivated in their efforts to 'fill gaps' in services by professional norms that advocated universal access to essential services on the basis of need. Considerations of privacy and the wellbeing of clients also made many service providers wary about sharing information with immigration authorities. While the federal state retains considerable power to counter these efforts, we can conclude that resistance to the structurally embedded border is incrementally redrawing the boundaries of inclusion from within, in small, sometimes temporary, and yet significant ways.

For a more detailed discussion of these research findings see Weber, L 'From state-centric to transversal borders: Resisting the "structurally embedded border" in Australia', forthcoming in Theoretical Criminology.

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