

Victorian Refugee Health Network restructure

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This document is for Victorian Refugee Health Network (Network) stakeholders: health service providers, government representatives, settlement and asylum seeker support agencies, bi-cultural workers and others. It contains information about the new structure of the Network. Background about the decision to restructure is provided, information about the consultation process and the details of the new structure including timeframes for implementation, as well as clarification about some of the important relationships of the Network are described in this document.

Summary of consultations

Key stakeholders through various forums communicated concerns that large volumes of issues were being canvassed with limited opportunities to progress outcomes. It was recognised that activities and stakeholders had increased across the state but the structure of the Network did not provide mechanisms for them to be included. A need to improve linkages with other networks operating at the national, state and regional levels was identified. Stakeholders also noted that there were a multitude of meetings and communications from the Network which were not meeting their needs. A consolidation of activities was recommended while maintaining what was valued about the Network such as trusted information, opportunities to network with people undertaking similar work and forums to discuss issues pertaining to policy, research and practice relevant to the health of people from refugee backgrounds.

Background

The Network began discussions about restructuring in January 2018 to ensure that its structure along with the 'network-of-networks' in Victoria is able to work collectively to address some of the issues experienced by people from refugee backgrounds in accessing health care.

A number of forums built the momentum that led to an examination of the existing structures and led to support for a restructure. At the last [reference group](#) meeting of 2017 the group identified the need for strategic planning and refocusing of the work of the Network. A few weeks later it became clear in a meeting with [local, state and national networks](#) that there was a lot of activity happening around the state which was not feeding into the state-wide Network.

During an [executive meeting](#) (teleconference) on 4 January 2018 it was noted that a large volume of issues were raised in reference group over the year, however there was often no resolution or plan to address these issues. It was observed that the group required more

focus and to set priorities to gain more depth and to work towards outcomes on some of the issues.

A [planning and reflection day](#) was held on 8 February 2018 in order to discuss the current structure of the Network and refinements that needed to be made in order to improve operational functions. Members of the Network reference group along with those that participated in the meeting with local, state and national networks were invited to the half day workshop that was facilitated by Lyn Walker, whose notes may be found in appendix 1. Sue Casey presented an overview of the context in which the Network has operated in recent years, this presentation may be found in appendix 2.

Following the planning day, the Network coordinator also conducted a number of [individual and group consultations](#), including with:

- Department of Health and Human Services (two different funding areas)
- State-wide refugee health program facilitator
- Former reference group chair
- Three local refugee health network secretariats
- A community engagement advisor
- Queensland state network
- Network secretariat and Acting Sector Development and Partnership Manager, Foundation House manager

All of these meetings and discussions have informed the current document.

Purpose of the Network

The Victorian Refugee Health Network was established in June 2007 (launched in 2008) to facilitate greater coordination and collaboration amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds. The Network aimed to:

- build the capacity of the Victorian health sector to respond to health concerns experienced by people of refugee backgrounds and address health inequality through health promotion
- support services to be more accessible to people from refugee backgrounds particularly in regional and outer metropolitan areas
- improve service coordination for recent arrivals and those with more complex needs

Given the substantially changing policy and service sector context over the past 10 years the Network's aims need to be re-visited.

The new Network structure

[Network meetings](#) are held three times a year where a plenary discussion occurs to provide updates from various refugee health programs and networks and activities are facilitated to identify emerging issues and priorities across the group (appendix 3 has a diagram of the proposed Network structure, appendix 4 has the proposed format of Network meetings).

The Network is overseen by an [executive](#) of 8-10 people who bring a range of skills, experience and perspectives (see appendix 5 for DRAFT terms of reference for the

executive meetings). Executive members serve a two year term. Every year half of the seats on the executive are open to new nominations. Three seats are permanent, they are occupied by Department of Health and Human Services (the Network funders), the Victorian Foundation for Survivors of Torture (auspice of the Network) and the State-wide Refugee Health Program Facilitator (who has connections to 16 refugee health programs throughout the state).

The executive have three meetings a year and attend all Network meetings. Office bearers of the executive comprise a small executive (chair, deputy chair) who are responsible out of session for signing letters, endorsing reports and providing permission to use the Network logo.

All executive meeting minutes are circulated to chairs of local refugee health networks and working groups.

A range of issues focused [working groups](#) come together during the Network meetings. Working groups meet during the Network meetings and feedback to the larger plenary at the end of the day. Some extra working group meetings may occur between Network meetings.

Working group are established when:

- a) a need is identified that may be addressed by collective actions of Network participants,
- b) the need aligns with the Network's aims and strategy,
- c) no other organisation or network is completing work that addresses this need, and
- d) there are resources to adequately support the group.

Emerging issues are identified through the Network meetings and in other areas of work of the Network. Network working groups have a terms of reference that is endorsed by the executive (see appendix 6 for template). Working group have work plans with actions to which everyone in the working group contribute. The number of working groups endorsed by the Network is reviewed on an ongoing basis. Possible topics for working groups include:

- Integrated health care – post arrival health assessment
- Asylum seeker health
- Mental health
- Social determinants and access
- Clinical review group
- Community engagement and consultation

Extraordinary working groups may be formed to respond rapidly to issues that are time contingent but their work will be reported on in the larger Network meeting and their work flow will be integrated back into the Network structure after the initial response.

Some working groups may meet during the Network meeting that maintain their own identity and have different governance to Network endorsed working groups (e.g. AMES disability action group).

Other people participate in the Network by receiving monthly [e-Bulletins](#) and visiting the Network [website](#).

[Relationship to local refugee health networks:](#)

Victoria has thriving local refugee health networks around the state (see appendix 7), which undertake a wide range of activities including targeted community health literacy programs, development of local refugee health directories and referral pathways, facilitating capacity

building and networking of local services, co-designing services with local communities, and the developing programs to meet local needs.

Participants from local networks will engage with the Victorian Network in various ways, delegates from local network will attend Victorian Network meetings and associated working groups, others will receive information and contribute to the Victorian Network through their local refugee health network chair.

The Victorian Network will continue to be a trusted source of information for local networks, collecting knowledge on behalf of local networks and at times representing the views of the sector in state-wide meetings.

Relationship to national networks:

A number of national refugee health networks exists (see appendix 7), the Victorian Refugee Health Network has a direct relationship with the Refugee Health Network of Australia (RHeaNA). The RHeaNA executive comprises of representatives from each state and territory who meet for a quarterly teleconference to share information and when necessary provide advice to the Commonwealth government on matters relating to refugee health. The Victorian Network executive will discuss how state representatives are nominated to RHeaNA.

Relationship to auspicing Foundation House:

The Network is not an incorporated entity. Legally it operates under the auspice of the Victorian Foundation for Survivors of Torture Inc. (Foundation House). Foundation House's mission, 'To advance the health, wellbeing and human rights of people from refugee backgrounds who have experienced torture or other traumatic events', aligns with the purpose of the Network.

Foundation House is a substantially sized organisation with an operations team who are able to provide business and human resources support to the Network. The Network is able to draw on knowledge and resources across Foundation House including in the policy, research and direct services areas. Similarly, Foundation House benefits from auspicing the Network as health related issues may be referred to the Network for follow up.

The Network currently does not have an auspicing agreement with Foundation House. 20% of the Network's income is paid to Foundation House for admin and overheads as with other funded programs at Foundation House. The staff that provide the Network secretariat support are situated under the Sector Development and Partnerships team led by Sue Casey. Appendix 8 is an organisation chart of Foundation House showing where the Network secretariat support sits within the reporting lines.

For more information about auspicing arrangement visit:

https://www.nfplaw.org.au/sites/default/files/media/Auspicing_Guide.pdf

Victorian Refugee Health Network Secretariat support

Highly skilled secretariat support is pivotal to the Network's function. Skills that are required by the secretariat include:

- Experience and understanding of complexity
- Government relations
- Stakeholder engagement and facilitation, i.e.: What makes the government and funded sector work well together?
- An ability to monitor and synthesize government policy relevant to refugee health

Core activities of the Network secretariat (1.4 EFT) include but are not limited to:

- Secretariat support to Executive meetings
- Secretariat support to some Network working groups
- Networking and briefing individuals and organisations about access issues experienced by people from refugee backgrounds
- Brokering and managing relationships
- Website, including fact sheet development and updating
- E-Bulletin, twitter and LinkedIn
- Attending key meetings to represent the Network

Network projects

The Network at times receives funding to deliver projects related to specific thematic areas of its work. At the time of the restructure the Network had two projects which it was contracted to deliver:

- Immunisation (0.5EFT), the Network is funded until 2018-19 to provide project support to a large immunisation project. A separate project brief and work plan exists for this project.
- Language services (0.2EFT), the Network is funded until 2019-20 to facilitate a community of practice for project teams within hospitals who have received innovative grant money to improve interpreting services.

The decision to undertake these projects was previously made by the auspicing agency Foundation House and the Network secretariat. In the new structure, the Executive will be consulted about all new project money prior to signing contracts with the funders. While projects add value, they often require resources from the core Network time for supervision so need to be carefully considered.

Evaluation

Oversight of the evaluation framework for the Network will be the responsibility of the Executive.

Implementation timelines of the new structure:

The new structure will be implemented in a staged processes as detailed below.

2018

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Reference group planning day		x										
Stakeholder meetings		x	x									
Proposed structure to executive and funders			x	x								
Executive recruitment				x	x							
Executive meeting					24			16			22	
Network meeting							12			25		
E-bulletin		x	x	x	x	x	x	x	x	x	x	
Major website maintenance						x						

2019

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Executive meeting		x			x				x			
Executive nominations for half the seats				x								
Network meeting			x				x				x	
Network submission for DHHS				x								
E-bulletin		x	x	x	x	x	x	x	x	x	x	

Appendices

Appendix 1: Lyn Walker's notes from the Networks' reflection and planning day 8 February 2018

1) An environmental scan

Sue Casey delivered a presentation which included discussion on the changing environment in which the network operates. It was noted that:

- Clients the network serve constantly experience racism and vilification.
- There are changing influxes of clients and settlement trends
- There is constant reforms taking place in the policy and legislative arenas.
- Resources for the provision of settlement and associated services change.
- The network operates in a climate of uncertainty for both clients and service providers which has been a constant since commencement of the Network.

2) Identification of strengths and limitations of the current network structure

There was general discussion regarding the strengths and limitations regarding the operation of the Network in meeting the challenges present in the current environment. The main strengths of the Network were identified as follows.

- Provides significant opportunities to obtain information.
- Provides significant opportunities to Network.
- Provides opportunities to discuss issues pertaining to policy, research and practice relevant to the client group

The main limitations of the Network were identified as follows:

- Focus on discussion which doesn't lead to action.
- Large volume of issues canvassed with limited outcomes.
- Activity and stakeholders have increased across the state but the Network has yet to establish mechanisms for broader engagement and input.
- Need to improve linkages with other networks operating at the National, state and regional levels.
- Need to connect with stakeholders working on the social and economic determinants of health affecting clients.
- There are a multitude of meetings that reference group members are required to attend so streamlining the operation of the Network is required.

Recommendations contained in the Network evaluation report indicate that: the Network should:

- Increase engagement with 1) rural services and 2) client communities.
- Re-establish (cease the function) of the current reference group and replace it with a more formal executive.
- Establish time limited working groups.

The current Executive of the Network indicated a desire to see the Network:

- Convene and consisting of up to ten members. This group would then replace the current reference group.
- Establish working groups to be convened on an "as needs" basis

3) Executive Membership

Discussion took place regarding the knowledge and skill sets that would be required at an Executive level. The following spheres of operation were identified for consideration.

1. Community representation
2. Policy expertise and strategy development
3. Service system expertise
4. Rural and regional expertise
5. Social and economic determinants expertise
6. Settlement expertise (AMES)
7. Health including consideration of GP's, Nurses, specialists, mental health and allied health staff
8. Children, families and young people
9. Education
10. Employment

4) The interface between the Executive, the working groups and the broader network

It was agreed that consideration would be given to:

- Executive members chairing working group meetings
- Working groups would be convened on an adhoc basis, dependent on need and would address specific 1) health concerns, 2) policy issues 3) issues that need to be addressed concerning varying cohorts of clients, 4) locations.
- Working groups and broader Network meetings occur on the same day at the same venue to that report backs can be given to the broader network.

5) Where to from here?

It was agreed that:

- The secretariat would draft a new terms of reference and operating procedure for the new Executive.
- Expressions of interest in joining the Executive would be sought from reference group members and broader stakeholders who would be invited to submit these EOI's including indication of the skills they bring, as per the list indicated in item 3 above.
- The secretariat would work with the current Executive to appoint the new Executive members to the group.
- The secretariat would develop new terms of reference and operating procedures for working groups and the broader network for consideration by the new Executive.
- The Executive would advise of any modifications required and sign off on the documentation.
- The Executive would appoint a chair and three members to act as a management team in instance where the secretariat required input between meetings.

Appendix 2: Sue Casey's PowerPoint from the planning day



victorian refugee
health network

Reference group reflections
February 2018

Racism & vilification

- Commonwealth commentary re young people from African backgrounds – 2007, 2018
- Continued narrative around border control
- Anti-muslim protests eg Bendigo, Melbourne



People seeking asylum

- Responding to ~11,000 people being released from the held detention into the community from 2012 and ongoing
- Service responses include triage program in the South East, adapted and introduced in the North West. Opening of Cabrini clinic
- People moved out of CD with short notice in 2017
- Need for continued policy and practice updates and advocacy



Asylum seeker policy

- Announcement of Temporary Protection visas, abolished in 2008, reintroduced in 2014
- Announcement of Safe Haven Enterprise Visas in 2014 with the need to gear up in rural and regional Victoria



Asylum seeker policy

- Constantly changing eligibility for services and changes in services providers.
- Progressively less support for people seeking asylum – income support, legal services, access to health service, access to case work, torture and trauma counselling



People arriving on humanitarian visas

- Announcement in 2015 of 12,000 additional humanitarian places for people fleeing from Syria and Iraq, delays in arrivals and then 3,100 people settled in Hume LGA in 2016/17, 4,000 in the northern corridor
- Responses include introduction of the Settlement Health Co-ordinator roles; RHNs outreaching to other locations; Outer North Refugee Health Network established; Advocacy re EAL places
- Increased numbers of people with disabilities – factors include health waiver in 2012
- Base program increasing in 2017/18 and 18,750 in 2018/19 – equating to 6,250 new arrivals to Victoria each year.



Changes in service providers

- HSS/HSP moves departments to DSS
- Changes in AMEP providers, AMES loses contract after providing for decades, with new providers
- New HSP contract with changes in service delivery model
- Changes in SRSS providers and other asylum seeker supports, a number of new providers including sub-contractors



Health services and information

- General Practice Divisions changed to Medicare Locals changed to Primary Health Networks
- Victorian public health and wellbeing outcomes framework 2016
- Large scale roll out of NDIS and aged care reforms commencing 2016
- Provision of on-arrival health summaries stops without warning in 2017
- Reduced access to Mantoux testing through private providers



Expanding service sector

- RHNs in 8 metro CHS and 7 rural & regional CHS, including multiple sites
- Refugee health fellows across 3 services
- Community health priority access
- Asylum seeker health services x 3
- Foundation House opens in Dallas
- Investment in child, adolescent and young people's mental health



National Networks and working groups

National:
Refugee Health Network of Australia
Refugee Health Nurses Australia
RACGP SIIG
PHN community of practice

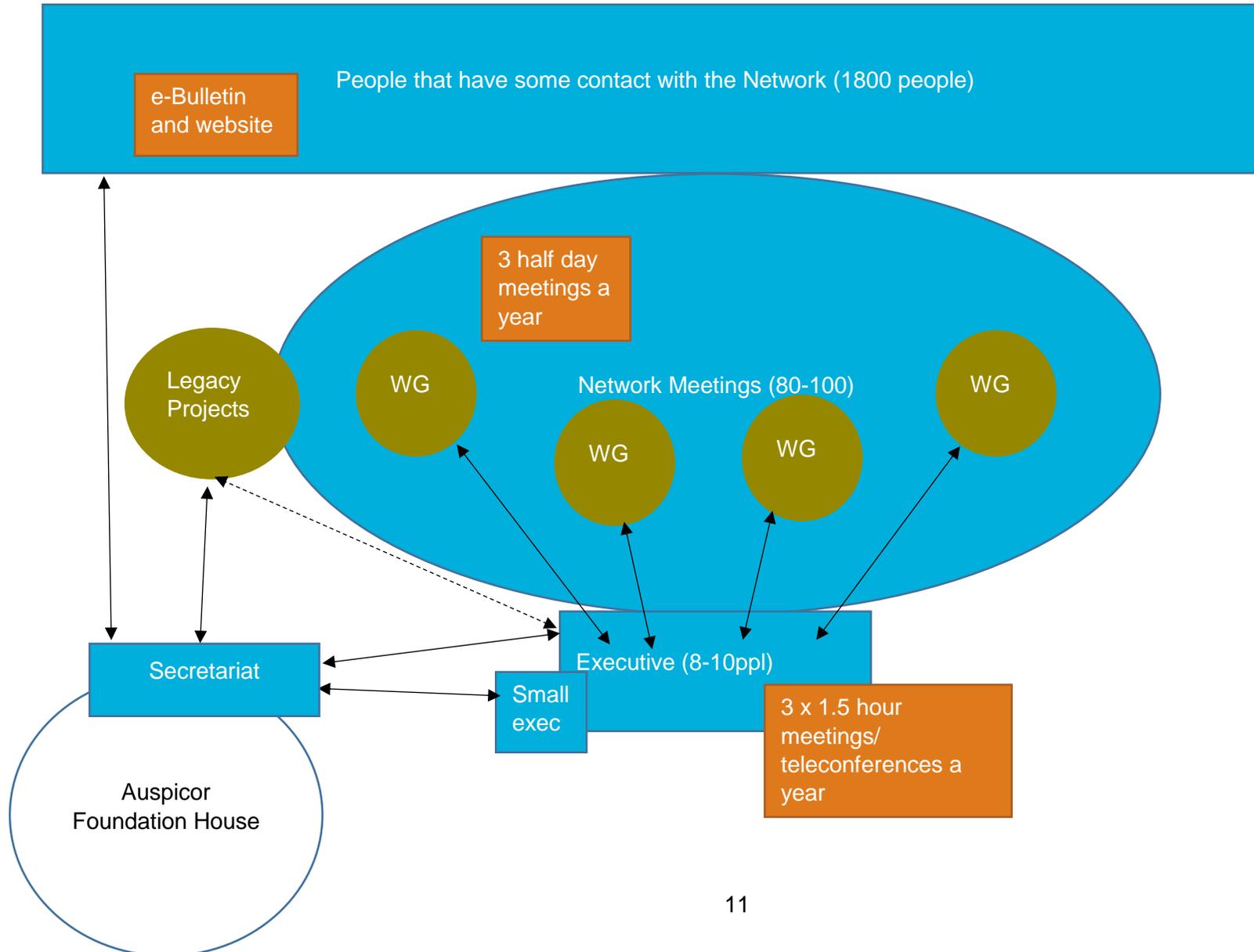


Victorian networks and meetings

- 10+ local refugee health networks and working groups
- Refugee Health Program networking days
- Refugee Health Program managers & DHHS community of practice
- Refugee health fellows meetings
- NASA Vic



Appendix 3: Diagram of Network structure



Appendix 4: Proposed format of Network meetings

1-2.30pm	Plenary – town hall style meeting Chaired by the Network chair Agenda includes: <ul style="list-style-type: none"> - Updates from Network secretariat, policy, DHHS, refugee health program, local refugee health working group refugee health fellows - Activities to identify emerging issues and priorities across the group - A space for dilemmas to be discussed 		
2.45-4.15pm	Thematic issues based working groups		
	Working group (20 people max) Chair Terms of reference Work plan Secretariat support	Working group (20 people max) Chair Terms of reference Work plan Secretariat support	Working group (20 people max) Chair Terms of reference Work plan Secretariat support
4.25-5pm	Plenary Facilitated by Network secretariat/Network chair <ul style="list-style-type: none"> - Endorsement of actions and priorities of WGs - Cross fertilisation of ideas between the groups - Actions/issues to be addressed by the Network executive - Good news story 		
5pm onwards	Networking drinks at venue in Brunswick		

Evaluation sent out by survey monkey after each event to invite feedback.

Attendance list to be published to assist with networking between meetings.

Publish forum report on website or closed forum. Explore closed moderated internet group for people to stay connected between meetings.

Appendix 5: DRAFT Term of reference for the Network executive

The Victorian Refugee Health Network aims to:

- build the capacity of the Victorian health sector to respond to health concerns experienced by people of refugee backgrounds and address health inequality through health promotion
- support services to be more accessible to people from refugee backgrounds particularly in regional and outer metropolitan areas
- improve service coordination for recent arrivals and those with more complex needs



In 2018 the Network underwent a restructure to be better able to monitor and respond to issues arising, increase transparency of processes and provide greater opportunities for participation in Network activities. The Network executive was formed at this time.

The purpose of the Network's executive is to:

- Drawing on input from the Network's participants refine, endorse and monitor the Network's strategic plan and work plan.
- Provide a forum for strategic direction and oversight of the Network's activities, including:
 - engagement and maintaining relationships with key stakeholders,
 - defining boundaries of Network activities, and
 - evaluation of the functioning and impact of the Network.
- Provide oversight of the Network's resources.
- Provide endorsement of the Network's products.

Structure:

- 8-10 members.
- Member serve a two year term with the exception of the Department of Health and Human Services (the Network funder), Foundation House (auspice of the Network) and the State-wide Refugee Health Program Facilitator who will be permanent members. Membership of the executive will comprise of broad representation drawn from, but not limited to:
 - Community advisory expertise
 - Policy and strategy development
 - Health service system expertise
 - Rural and regional expertise
 - Settlement expertise
 - Asylum seeker expertise
 - Health expertise including consideration of GPs nurses, specialists, mental health and allied health staff
 - Children, families and young people sector expertise
- 3 x 1.5 hours meetings/teleconference per annum.
- 3 x half day Network meetings at Foundation House, 4 Gardiner Street, Brunswick.
- Secretariat support to be provided by the Network team, agenda to be sent a week in advance of meeting and minutes two weeks after meeting.
- Minutes will be available for all Network participants.

Membership roles and responsibilities:

- a) All members are expected to:
 - attend a majority of executive and Network meetings,
 - be responsive to email correspondence, and
 - complete action items that they agree to follow up.
- b) Chair and deputy-chair role
 - a. Chair and deputy chair, as well as fulfilling the expectation for general membership, are expected to:

- i. chair the executive and Network meetings
- ii. meet with the secretariat to discuss upcoming meetings and review minutes before circulation
- iii. sign all official Network correspondence
- iv. represent the Network at meetings with senior staff and officials

Date of endorsement: (first executive meeting, allow two weeks for comments, if no comments viewed as endorsed)

Amendment	Made by	Date

Appendix 6: Draft terms of reference for the Network working groups

Background of the group

Purpose of the group

Areas of work

What the group will address and what it will not address; boundaries of the work; what will be the outcomes of the group i.e. a report, a policy change, a resource, referral pathways, improved services etc.

Term

This Terms of Reference is effective from (insert start date) and continues until the (insert expected date of completion of the working group).

Membership

The working group will comprise:

- Name, Title, Organisation
- Name, Title, Organisation
- Name, Title, Organisation

Roles and responsibilities

Secretariat will circulate agendas in advance of Network meetings. Provide notes of the working group to be included in Network meeting report.

Participants are expected to attend most meetings and take an active roles in formulating and carrying out actions of the group.

Meetings

All meetings will be chaired by (insert name and organisation). A meeting quorum will be (insert number) members of the working group. Decisions made by consensus (i.e. members are satisfied with the decision even though it may not be their first choice). If not possible, working group chair makes final decision. Secretariat support will be provided by (Insert name and organisation), this includes: preparing agendas and supporting papers, preparing meeting notes and information. Meetings will be held (how often) for (specify time) at (specify location).

Amendments, modification or variation

Appendix 7: Local, Victorian and national refugee health networks

Networks	Contact
Local Networks	
Refugee and Asylum Seeker Health Alliance	Anna Brazier enliven
South East Asylum Seeker Network	Therese Watson Red Cross
Outer Northern Refugee Health Network	Dr Mohammad Daud Karimi Hume Whittlesea PCP
Eastern Region Refugee Health Network	Merilyn Spratling EACH Social and Community Care
Western Refugee Health Partnership	Maggie Arnold North West Melbourne Primary Health Network
Bendigo Refugee Health & Wellbeing Working Group	Kaye Graves Bendigo Community Health Service
G21 & Westvic PHN Refugee Healthcare - Community Of Practice	Ingrid Dwyer Barwon South West Primary Health Network
Geelong Refugee Health and Wellbeing Regional Working Group	Suzanne Cooper Diversitat
Ballarat Regional Settlement Advocacy Network– Health and Wellbeing Action Group	Katherine Cape
Shepparton	Tim Andrews
State Networks	
Victorian Refugee Health Network	Philippa Duell-Piening, Coordinator
Refugee Health Program networking meetings	State-wide Refugee Health Program Facilitator
Community of Practice Refugee Health Program Managers and DHHS reps	State-wide Refugee Health Program Facilitator
National Networks	
Refugee Nurses Australia	
Refugee Health Network Australia	refugeehealthnetwork.org.au/engage/rheana/
RACGP Refugee Health Special Interest Group	Kate Walker Chair
National PHN Refugee Health Community of Practice	Campbell Rule South East Melbourne Primary Health Network

Appendix 8: Foundation House organisational chart

