

## Victorian Refugee Health Network Executive Group

### TERMS OF REFERENCE – FINAL 2024

#### ABOUT THE VICTORIAN REFUGEE HEALTH NETWORK

The Victorian Refugee Health Network (VRHN) is an initiative committed to improving the health and wellbeing of people from refugee and asylum seeker backgrounds in Victoria. The Network provides a platform for collaboration, service coordination, training and resources, and advocacy to address the health needs and challenges experienced by people from refugee and asylum seeker backgrounds.

#### STRATEGIC PRIORITIES

The Network has recently finalised the [Strategic Plan 2022-2027](#). The four domains that the Network will be focused on over this time will include:

1. Appropriate and Accessible Service Systems
2. Mental Health and Wellbeing
3. Community and Partnerships
4. Workforce Development and Best Practice

#### ABOUT THE NETWORK'S EXECUTIVE GROUP

The role of the Executive Group is to provide strategic oversight and key policy advice related to health services and systems for people from refugee and asylum seeker backgrounds in Victoria. The Executive Group's focus is guided by the Network's Strategic Plan and work plan priorities.

Key activities include:

- Identify and advise key stakeholders including Victorian Department of Health and other Government stakeholders of emerging health issues and priorities for people from refugee backgrounds
- Provide strategic and service delivery insight for capacity building and quality improvement initiatives for the health system to address the needs of people from refugee and asylum seeker backgrounds.
- Provide guidance on, and endorsement, of the Network's policy advocacy, including policy formulation, and education, training and resource development.
- Provide oversight of the Network's workplan activities

#### MEETING STRUCTURE

##### Meetings:

- a) 3 x 2-hour Executive group meetings/teleconferences per annum.
- b) 3 x one-hour additional meetings per annum
- c) Administration support to be provided by the Secretariat team.
- d) Minutes will be available for all Network participants.
- e) Five executive group members including one co-chair will be considered a **quorum**.  
If this number of members are not able to attend the meeting, it will proceed, and

decisions will not be binding until meeting notes are circulated and group members are given an opportunity to respond. This period will be two weeks unless there are exceptional circumstances.

## MEMBERSHIP

**Size:** The Executive Group comprises 12 members maximum<sup>1</sup>.

**Tenure:** Members will serve a three year term with the exception of the following positions, who will be permanent members:

- Victorian Department of Health (the Network donor)
- Foundation House (auspice of the Network)
- Statewide Refugee Health Program Facilitator

**Step up, step down model:** To ensure continuity of the group's work half of the positions will rotate in any given year. Recognising the continuity required maintain strategic direction and oversight of the Network's activities, positions will be offered for a three year tenure.

**Skill matrix:** Membership of the Executive Group will comprise of broad representation drawn from, but not limited to areas of:

- Community Engagement
- Refugee /Migration Policy
- and/or research
- Health service systems
- Rural and regional services
- Asylum seeker service
- Health practice including of GPs nurses, and allied health
- Children, families and young people
- Mental Health
- Women's Health
- Disability

There may be the need to draw on subject matter expertise from the sector into the membership for time bound advice e.g., Infectious Disease, Allied Health, specific policy areas.

### Selection process:

- a) When Executive Group members have finished their term, it is not encouraged to nominate as a member for the next 12 months, to allow for succession planning/growth of leadership base within the sector .
- b) Expressions of interest sent through sector and allies to allow for rotation of membership and succession planning within sector. The Network will actively seek applicants from refugee backgrounds.
- c) The Network Secretariat will assess whether areas as outlined above are represented, if not the secretariat may market these roles to targeted groups. If there is an over representation of on expertise area amongst those that have nominated, the nominees will be advised and a fair process for deciding who will take on the role will be negotiated. If a group member leaves before their term is complete the same nomination process will be utilised.

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<sup>1</sup> Group may co-opt expertise as needed and at times the group may be larger

- d) Selection will be conducted through the secretariat and permanent members of the Executive Group

## ROLES AND RESPONSIBILITIES

### All Executive Group members are expected to:

- attend a majority of Executive Group and Network meetings,
- actively contribute to the Network's work and inputs with context and content knowledge,
- represent their range of experiences not just their current employer,
- contribute to areas of expertise for contained pieces of work including, where required, providing sponsorship of time bound project initiatives or policy advocacy.
- lead Special Interest Groups/content hubs in line with expertise/interest e.g. clinical, mental health, rural and regional services
  - be responsive to correspondence and complete action items that have been agreed to for follow up.

**Conflict of interest:** Members should perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. When members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the group's functions, they have a responsibility declare a conflict of interest to the Chair of the group and withdraw themselves from the discussion and/or activity. Members will not take part in the decision making for items that they have declared a conflict of interest. They may be required to leave the room to ensure that all parties can contribute their views and opinions.

## CO-CHAIR ROLES AND RESPONSIBILITIES

**Responsibilities:** Co-chairs as well as fulfilling the expectation for general membership, are expected to:

- a) chair the executive group and Network state-wide meetings, including assisting with the resolution of issues and conflicting views.
- b) meet with the secretariat to discuss upcoming meetings and review minutes before circulation
- c) sign all official Network correspondence and represent the Network at meetings with senior staff and officials along with other Network member with relevant expertise
- d) support induction of new Executive Group members including familiarising the new member with key documents and their role and responsibilities as an EG member

**Nomination process:** Executive Group members will be asked to nominate as Chair and Deputy Chair. If there are a number of interested candidates, those who nominate will be consulted about a fair process for deciding who will take on the roles.

**Tenure:** The tenure of the Co-Chairs is up to three years.

**Disqualifications:** Due to conflict of interest, Victorian Department of Health and Foundation House Executive Group members are not eligible to undertake Co-Chair roles.