

Victorian Refugee Health Network Executive Group TERMS OF REFERENCE

ABOUT THE VICTORIAN REFUGEE HEALTH NETWORK

The <u>Victorian Refugee Health Network</u> (the Network) 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 Strategic Plan 2022-2027 outlines four areas of focus over this time:

- 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:

- 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.
- 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 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 Network Secretariat.

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- d) Minutes will be available for all Executive Group members.
- e) Five Executive Group members including one co-chair will be considered a quorum. If this number of members cannot attend the meeting, it will proceed, however 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 maximum¹.

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 funder)
- Foundation House (auspice of the Network)
- o Statewide Facilitator of the Refugee Health Program

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 to 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:

- Women's Health
- Disability
- Refugee and Asylum Seeker Health
 Rural and Regional Refugee Health
- Children, families and young people Refugee and/or Migration Policy
 - Settlement Services and Support
 - Health Literacy and community engagement

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) Information about membership recruitment processes will be sent through a range of relevant sector networks to allow for rotation of membership and succession planning within sector. The Network encourages Expressions of Interest from applicants from refugee and asylum seeker backgrounds.
- b) The Network Secretariat will assess whether areas as outlined above are represented, if not the Secretariat may target the recruitment to identified groups. If there is an over representation of an expertise area amongst those that have

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

- 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.
- Selection will be conducted through the Secretariat, Chairs and permanent members of the Executive Group (excluding Victorian Government Department of Health Representative)
- d) When Executive Group members have finished their term, to allow for succession planning and growth of leadership base within the sector, members are encouraged to allow a 12-month period before considering nominating again as a member.
- e) Notwithstanding the above intention, there may be instances where, informed by subject matter expertise requirements at that time, allowances can be made for members who are finishing their terms to remain for an additional term; this will be determined through the Secretariat, Chairs and permanent members of the Executive Group (excluding Victorian Government Department of Health Representative).

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,
- hold a substantive role or demonstrate experience in health or community services (either in direct service or policy context)
- 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 personal or professional conflict of interest on a subject that prevents them from reaching an impartial decision or undertaking an activity consistent with the group's functions, they have a responsibility to 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 Executive Group member

The time commitment required for co-chair responsibilities is estimated to be approximately 10-15 hours per year.

Nomination process: Executive Group members will be asked to nominate as Co-Chairs. 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.