

# Refugee Health Partnership Advisory Group Queensland

## Terms of Reference (TOR)

March 2023



### OUR VISION

All people from refugee and asylum seeker background have equitable access to timely, culturally safe healthcare and are empowered to achieve their full health potential

### BACKGROUND

The Refugee Health Partnership Advisory Group Qld (RH PAGQ) was established in November 2016 and is a key mechanism to enable RHNQ and its partners to collaborate and enable the implementation of the [Queensland Refugee Health and Wellbeing Policy and Action Plan \(2022-2027\)](#) (the Policy)

### GUIDING PRINCIPLES

The RH-PAGQ is guided by Queensland's refugee health and wellbeing principles as outlined in the Policy:

- **Health equity** You have the right to high-quality and culturally safe and responsive healthcare regardless of your race, ethnicity, language spoken, visa status, gender identity, sexual orientation, religion or socioeconomic status. You also have the opportunity to reach your full health potential and not be disadvantaged from achieving this.
- **Cultural safety and responsiveness** Healthcare providers acknowledge and respect your identity, culture and experiences and seek to reduce bias in all interactions including clinical service delivery. This requires ongoing critical reflection by individuals as well as organisations.
- **Individual and community voice** Healthcare providers listen to your voice, understand, and are informed by what is important to you, your family and community. Healthcare providers and systems that deliver services recognise your connections with your community and the strength of your community, ensuring that your voice is heard.
- **Partnerships and collaboration** Working together across services and sectors leads to the best care for you. We are committed to doing this through meaningful, respectful and reciprocal partnerships and collaboration.
- **Clinical excellence** Healthcare providers continuously seek to improve quality and safety of care to achieve better health outcomes.

### FUNCTIONS

To provide a forum for key stakeholders to innovate, communicate and collaborate in order to:

- Support services and systems to integrate and provide appropriate and timely healthcare
- Support key stakeholders to develop sustainable and flexible models of care which respond to changes in the Australian Humanitarian Program and people seeking asylum context as well as changes in the broader health context
- Strategically co-ordinate and network projects and programs addressing the health & wellbeing of people from refugee backgrounds and develop joint funding submissions as needed
- Build the capacity of the health sector to respond to health concerns experienced by people of refugee backgrounds via coordinating and delivering education and training and development of resources
- Identify and promote research and quality improvement initiatives to build the evidence base for refugee health
- Identify and advise Qld Health and other Government stakeholders of emerging health issues and document the nature of issues facing people from refugee backgrounds

- Develop systems focussed strategies and seek solutions to issues identified including developing policy submissions and influence refugee health policy at a State and National level
- Support the delivery of key activities identified in the Qld Health Refugee Health and Wellbeing Policy and Action Plan (2027-2027)  
[https://www.health.qld.gov.au/data/assets/pdf\\_file/0033/1197447/Refugee-Health-and-Wellbeing-Policy-and-Action-Plan-2022-2027.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0033/1197447/Refugee-Health-and-Wellbeing-Policy-and-Action-Plan-2022-2027.pdf)

## GOVERNANCE FRAMEWORK

### Membership

Membership of RH PAGQ reflects a cross-section of geographical regions and sectors; including senior representation from each settlement regions, health services, refugee settlement agencies, refugee communities and the non-government community sector.

A representative and proxy will be nominated from a variety of relevant services and sectors. Current membership:

Access Community Services Ltd	Mater
Australian Red Cross	Multicultural Communities Council Gold Coast (MCCGC)
Amparo	Metro North Hospital and Health Service
Brisbane North PHN	Metro South Hospital and Health Service
Brisbane South PHN	Multicultural Australia
Cairns and Hinterlands Hospital and Health Service	Northern Australia Primary Health Ltd (NAPHL)
Centacare Multicultural Services Cairns	Northern Qld PHN
Children's Health Qld Hospital and Health Service	Pharmacy Guild (Qld branch)
Community	Queensland Health - Strategy, Policy and Planning Division
Darling Downs Hospital and Health Service	Queensland Health: Mental Health Alcohol and Other Drugs Branch
Darling Downs West Moreton PHN	Queensland Health: Communicable Diseases Branch
Department of Children, Youth Justice and Multicultural Affairs (Multicultural Affairs)	Queensland Health: Office of the Chief Dental Officer
Department of Home Affairs (DoHA)	Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
Ethnic Communities Council Qld (ECCQ)	Qld Transcultural Mental Health Centre
Gold Coast Health Service	QUT
Gold Coast PHN	Townsville Hospital and Health Service
Ipswich West Moreton Hospital and Health Service	Townsville Multicultural Support Group Inc

### Key roles and responsibilities of members:

- Attendance at minimum 3 meetings per annum, including reading all pre and post meeting correspondence, providing responses including written updates as needed and completing action items as agreed.
- Where appropriate provide reciprocal information sharing and representation on other identified groups or networks e.g. RHeNA (Refugee Health Network of Australia), RNA (Refugee Nurses Australia), Local HSP collaboratives, FASSTT (Forum of Australian Services for Survivors of Torture and Trauma).

- Where appropriate participate/oversee and strategically support working/advisory groups established to operationalise objectives
- As appropriate provide written updates to secretariat for circulation prior to meetings

### **Executive Team (Chair, deputy chair and Network Staff):**

Chair and Deputy Chair are two year positions with the possibility of re-nominating.

- The Chair, as well as fulfilling the expectation for general membership, is expected to:
  - chair the quarterly meetings,
  - sign off all official Network correspondence,
  - represent RHNQ at meetings with senior staff and officials, and
  - lead a review of RH PAGQ Terms of Reference and membership annually
- The Deputy Chair, as well as fulfilling the expectation for general membership, is expected to:
  - Deputise as needed
  - Provide support to the Chair
- The Network Team (Network Coordinator/s, Supervisor)
  - Provide secretariat support
  - Prepare reports and submissions as required to facilitate RH-PAGQ objectives
  - Management of publication and social media requests
- 2020 Executive members:
  - Chair: Donata Sackey (Mater Refugee Health)
  - Deputy Chair: Lisa Ward (ECCQ)
  - Network Staff: Vicky Jacobson, Dr Rachel Claydon, Ally Wakefield
- Role of Executive Members:
  - Represent the Network and RH PAGQ
  - Make out of sessions decisions on behalf of the network that are concordant with the policy and action plan

### **Executive Sponsor**

The purpose of the Executive Sponsor is to provide a link between the Network and Qld Department of Health and ensure ongoing strategic support for the Network.

The Executive Sponsor is responsible for:

- providing open and objective communication between the network and executive level of Qld Department of Health
- providing guidance about executive and strategic decision making
- advocating for, supporting and where necessary, facilitating the network to achieve its agreed goals
- representing the network at executive management level with in Qld Department of Health
- providing advice on the resource implications of network activity
- providing advice and input into action planning and any recommendations of the network.
- Attendance at all network meetings is highly desirable.

Executive Sponsor: Jasmina Joldić, Associate Director-General, Policy and Reform Division, Qld Health

### **Other Participants**

Other participants may be identified as required and invited to participate as a guest or invited to participate as an ongoing member

### **WORKING GROUPS, ADVISORY GROUPS AND REGIONAL NETWORKS**

Topic Specific Working Groups will be established on an as needed basis to operationalise the actions of the Policy and Action Plan. RH PAGQ will monitor outputs of working groups to ensure strategic consistency with the Policy and Action Plan.

Advisory Groups including the Primary Care Clinical Advisory Group (CAG), auspice by BSPHN and the Refugee Health Advisory Group (G11) auspice by Mater are ongoing and provide guidance to RH PAGQ.

The regional networks and/or identified region representatives feed information to and from RH PAGQ highlighting the needs of their region.

Representatives from Working Groups, Advisory Groups and regions provide an update including health needs/issues, local initiatives and areas of concern for discussion at RH PAGQ.

### **DECISION MAKING**

The RH PAGQ will not have decision making power as each partner organisation is autonomous with its own organisational structure. Discussions do not necessarily reach consensus, minutes will document key points and options.

### **MEETING SCHEDULE**

RH PAGQ meets quarterly and provides video and phone conference link options for attendees

### **OUT-OF-SESSION PAPERS**

There may be a requirement for RH PAGQ members to respond to out of session papers.

### **PERFORMANCE**

The Qld Refugee Health and Wellbeing Policy and Action Plan identifies RH PAGQ is a mechanism to ensure the objectives of the Network as per the Action Plan are supported. RH PAGQ group reviews outcomes of Network against the Policy and Action Plan with support from the Research, Policy and Evaluation Working Group.

### **CONFLICT OF INTEREST**

Any conflicts of interest to be identified at the beginning of the meeting

### **CONFIDENTIALITY**

Minutes are confidential and are not to be circulated by members. A public summary of RH PAGQ meetings will be made available on the network website.

### **SECRETARIAT**

- Secretariat support is provided by the Network team
- Agenda to be sent out one week in advance of meeting along with all papers for the meeting
- Minutes to be sent out as a draft two weeks after meeting
- Dissemination: The Network Coordinator will prepare a report of key issues and learnings from RH PAGQ for members representing other networks/groups to share with other networks
- The Network team will keep publicly available information up to date through the Network's e-Bulletin and website

**Date TOR confirmed:**

**Date TOR review:** TOR to be reviewed March 2024