

Refugee Health Advisory Group (G11)

Community expertise shaping better health systems

The **Refugee Health Advisory Group**, informally known as the 'Group of 11' or G11' is a longstanding lived experience and community advisory body supported by [Mater Refugee and Multicultural Health Service](#). Established more than 10 years ago, the G11 is a distinctive model that brings together consultants from diverse refugee backgrounds who act as a **bridge between multicultural communities and the health system**.

Members bring lived experience, professional expertise, cultural and linguistic knowledge and strong community connections, enabling them to provide culturally informed insights to guide health policy, planning, service design and delivery. . The group reflects major refugee communities in South East Queensland and adapts over time to represent emerging settlement cohorts. Its focus is on contributing genuine community expertise and creating meaningful value for refugee-background communities, health services and the broader health system.

Purpose and Strategic Role

The Refugee Health Advisory Group's central purpose is to **improve health outcomes for people from refugee backgrounds** by ensuring community voices and lived experience inform decision-making. The group is a **strategic point of contact** for government, services and researchers offering:

- Direct advice to policymakers, clinicians and service providers
- Community led insights grounded in trust, lived experience and strong community relationships
- A mechanism to inform **policy, funding priorities and service design** affecting multicultural communities

The group contributes to system level change by participating in state and national advisory committees and working groups, including initiatives connected with the Refugee Health Network Queensland, and by working with government and health-sector partners to embed refugee and multicultural perspectives in planning and policy.

Key Areas of Contribution

The Refugee Health Advisory Group aims to strengthen both **policy influence and community outcomes** through:

1. **Policy and System Influence**
 - Provide informed input into health policy, strategy and service planning
 - Identify emerging community needs, barriers and service gaps
 - Advocate for equitable, culturally responsive systems
 - Contribute to statewide and local health system initiatives aligned with the [Refugee Health Policy and Action Plan 2022–2027](#)
2. **Community Engagement and Health Literacy**
 - Deliver community-led education and codesign accessible health resources
 - Improve access and navigation of the health system
 - Address stigma and priority health issues (e.g. mental health, chronic disease, disability support)
3. **Clinical and Workforce Capability**
 - Contribute cultural and lived-experience expertise to clinical education and advisory forums

- Support training, professional development and knowledge sharing to strengthen health professionals' understanding of community experiences of healthcare.
- 4. **Research and Codesign**
 - Advise on research priorities, methods and community engagement
 - Participate in research activities (e.g. consultation, governance, interpretation of findings) to elevate multicultural voices
 - Codesign services, communications and health resources with government and sector partners
 - Support the meaningful inclusion of refugee-background perspectives in research

Individual members contribute according to their experience, expertise and community connections. No individual member is expected to represent every view within a particular community.

Strategic Value to Services, Systems and Strategies

The Refugee Health Advisory Group offers agencies a **trusted mechanism to engage culturally and linguistically diverse (CALD) communities**, ensuring:

- Policies and services reflect lived experience and community priorities
- Programs and communications are culturally appropriate and accessible
- Community engagement is trusted, respectful and effective
- Investments are targeted, effective and evidence informed
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How to Engage the Refugee Health Advisory Group

Drawing on best practice principles for working with bicultural and lived experience workforces¹, engagement with group members should include:

1. Codesign from the Outset

- Involve members **early in policy and program development**, rather than after decisions are made. This ensures alignment with community needs and avoids culturally inappropriate or ineffective approaches, and supports genuine co-design.

2. Recognise and Remunerate Expertise

- Members bring specialised cultural knowledge and lived experience so provide **appropriate remuneration for professional input**
- Avoid reliance on unpaid or tokenistic consultation

3. Invest in Sustainable Partnerships

- **Prioritise ongoing partnerships if appropriate and explore long-term collaboration opportunities**
- Continue engagement throughout project, to maintain community relationships, trust and accountability

4. Support Cultural Safety and Shared Decision Making

- Value and respect different perspectives and ways of knowing
- Promote culturally safe environments
- Refugee Health Advisory Group input should have a genuine opportunity to influence decisions and outcomes

5. Respect Scope, Capacity and Follow up

- Provide clear information about the purpose, scope, expected contribution, time commitment and how members' advice will be used
- Adequate resourcing for preparation, participation and follow-up

The Refugee Health Advisory Group provides a **trusted, established, and community connected advisory mechanism** to inform policy, funding and system design. Meaningful engagement through structured, appropriately-resourced and culturally safe partnerships, ensures that community expertise influences decisions and contributes to more responsive, equitable and sustainable outcomes for refugee-background communities.

If you would like to engage the Refugee Health Advisory Group, contact Ally Wakefield Ph: (07) 3163 6355 or Ally.wakefield@mater.org.au. **More -** [The Refugee Health Advisory Group Members](#) and [Current health issues](#) of the Refugee Health Advisory Group