Hume Whittlesea

Primary Care Partnership

Outer Northern Refugee Health Network
Partnership Analysis

February 2017

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This report was prepared by the Hume Whittlesea Primary Care Partnership for the Outer Northern Refugee Health Network

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EXECUTIVE SUMMARY

Established in December 2015, the Outer Northern Refugee Health Network (the Network) arose in response to an anticipated increase of refugees to the local area. While there was a longstanding need for a planned partnership approach to the development of strategic action in addressing the complex whole-of person/family needs of local asylum seeker and refugee communities, this influx acted as the catalyst for the formation of the Network.

Successful partnerships require sustained cooperative effort and an accountable commitment to effective decision making. In keeping with this principle, the Network commissioned the Hume Whittlesea Primary Care Partnership (HWPCP) to undertake an analysis of how the Network is functioning as a partnership and identify areas that can be enhanced or improved.

Utilising the *VicHealth partnership analysis tool* (2011), two activities are included in this report:

- ***Step 2: Exploring the nature of partnerships*** which included assessing the purpose of the partnership; and mapping the partnership; and
- ***Step 3: Analysing the existing and future partnership (partnership checklist)***

KEY FINDINGS

Overall, the Outer Northern Refugee Health Network:

- Successfully brings together relevant stakeholders across the outer northern region of Melbourne and neighbouring areas including refugee and asylum seeker health specific services, settlement providers, hospitals, community health, government and other primary care (including mental health) organisations;
- Members are committed to a Collective Impact approach to the partnership and actively support the role HWPCP plays as backbone for the Network; and
- Participation in the Network has resulted in an increase of knowledge and understanding of refugee health issues, needs and system opportunities.

The partnership analysis feedback checklist found that, in general:

- The perceived need for the Network is well understood yet greater emphasis needs to be placed on the vision and goals of the Network;
- The perceived benefits of participation in the Network outweigh the costs, with opportunities to consolidate this through the development of formal and informal structures to enable collaboration;
- There is high level support for the Network with members invested in making the partnership work and building the skills of the local sector in planning for and implementing collaborative action(s).

RECOMMENDATIONS

1. That the network redefines the vision, goals and purpose of the Network;
2. That the Terms of Reference be revised to reflect any changes to the vision, goals and purpose of the Network with a focus on the need for consistent representation and participation by Network members;
3. That network members are supported to align organisational priorities to the vision of the Outer Northern Refugee Health Network and other key functions such as data management and knowledge sharing; with differences in member organisation priorities, goals and tasks are mapped and opportunities for enhancing collective impact are identified and actioned;
4. That the principles of Collective Impact are reinforced to network members with practical guidance around implementation within the local refugee health sector;

5. That the perceived and real costs and benefits of the Network be mapped and communicated to the wider sector (system issues and health outcomes);
6. That a Network communication plan be developed to incorporate key internal and external messages, member expectations and agreed processes for knowledge exchange and reporting process be developed and adopted by partnership members;
7. That the Network actively monitors, evaluates and disseminates partnership outcomes and learnings and that a rewards strategy is developed to celebrate individual, organisation and collective achievements; and
8. That a professional development workshop be organised for partnership members that focuses on workforce and professional development needs of the refugee health sector in the Outer North;

SECTION 1: INTRODUCTION TO THE NETWORK

In response to the September 2015 Federal Government announcement to resettle an additional 12,000 Syrian refugees in Australia, local health and social support services across the outer northern growth corridor of Melbourne formed the *Outer Northern Refugee Health Network* under the auspice of the Hume Whittlesea Primary Care Partnership (HWPCP).

The Network acts as a catchment based platform, with over thirty organisations formally registered as members. Members are organisations who play a key role in both the co-design and delivery of timely and quality refugee and/or asylum seeker focused support services in the outer northern metropolitan region of Melbourne. The partnership is based on the principal that "*Together we can be part of a strong and solution-focused collaborative that aims to support the complex needs of arriving refugees*" in the outer north.

The purpose of the Network is to provide a regular forum for members to discuss local refugee health issues, and identify and implement multi-sectoral strategies in order improve the health and wellbeing of refugees and asylum seekers in the outer north.

To monitor and maximise the ongoing effectiveness of the Partnership, the Outer Northern Refugee Health Network has commissioned the *Hume Whittlesea Primary Care Partnership* to undertake an analysis of the partnership itself. The VicHealth Partnerships Analysis Tool has been applied to the Network partnership.

This report will aim to provide the following:

- Develop a clearer understanding partner perceptions of the purpose of the Network;
- Reflect on the partnership aspects of the network;
- Map the Network; and to
- Identify areas to strengthen network and partnership functions.

Context

Primary health care for people from refugee backgrounds in Victoria has seen considerable development in recent years to ensure primary care services are of a high quality, accessible and appropriate for people from refugee backgrounds. With a focus of actions on the coordination and integration of refugee health services, improvements and efficiencies can still be achieved.

The northern area of Melbourne has a strong history of health and social support organisations supporting refugees, asylum seekers and their families. While historically located in the inner North, services have gradually shifted operations to the outer northern suburbs, reflecting settlement and migration patterns and housing availability.

The increase in the number of expected new arrivals has affirmed the need for a planned partnership and collective impact approach to the development of strategic action for addressing the complex whole-of person/family needs of new and recently arrived refugees and asylum seekers in the outer north.

While health issues affecting individual new arrivals, and particular refugee communities, vary depending on region of origin and the nature and duration of the refugee experience, there are common health concerns across communities. The health needs of refugees can be defined as those that are related to pre-arrival experiences and post arrival settlement experiences and expectations. Health assessments upon arrival are routine and resulting service provision tailored to individual or family need. Members of the Outer Northern Refugee Health Network provide services under both categories. Some services also provide health and support services to asylum seekers who may not be eligible for mainstream health services.

Traditionally, refugee health services are delivered in isolation from one another and require the refugee or asylum seeker to navigate the unfamiliar Australian health system, often without professional or community

supports. Too often this has meant that post arrival, refugees access care late and miss important prevention opportunities.

Bringing together local specialist and mainstream refugee health and support services from across the outer northern metropolitan region to establish the Network has been a vital partnership to start to redress this service system gap and community need. The Network over the last year has aimed to provide greater opportunities for dialogue within and between services; and the formation of shared ideas for future collective action between local organisations, refugee health practitioners and the community.

SECTION 2: METHODOLOGY

The analysis tool

The *VicHealth partnership analysis tool* (2011) was developed by VicHealth in response to a range of initiatives undertaken to promote mental health and wellbeing. The *tool* is for organisations entering or working in a partnership to assess, monitor and maximise its ongoing effectiveness.

The tool is divided into three sections:

1. Changing organisations;
2. Exploring the nature of partnerships (included in this report); and
3. Analysing the existing and future partnership (included in this report).

Due to the established nature of the partnership, only steps 2 & 3 of the analysis tool were conducted. This analysis is being conducted at the 18-month mark of the original project lifecycle. It is important to note that uncertainty regarding the continuation of the project beyond October 2016 and its ongoing scope remains; it is possible that this uncertainty may have influenced some respondents when completing the survey component of the analysis (step 3).

Step 2: Exploring the nature of partnerships

Step 2 was conducted by specialist research and evaluation staff within the Hume Whittlesea Primary Care partnership in isolation from partnership members through a review of Network and associated project documentation, the network Terms of Reference, publicly published information from similar Networks around Australia and literature regarding the refugee health in Australia. This included two activities:

- Assessing the purpose of the partnership; and
- A map of the partnership.

In assessing the *purpose of the partnership* two questions are posed. Firstly, why is the partnership necessary in the project; and secondly, what value is it trying to add to the project. Both questions are adequately covered in network documentation and other published information sources, therefore a desktop review was sufficient to undertake this task. In addition, participants were asked to reflect on their role in the network, their motivation for being involved, and benefits of involvement to date.

In mapping the partnership, relationships between partners are mapped in terms of the nature of the relationship and the services provided from a refugee centred model as well as from a social determinants of health approach. This process was conducted as a discussion point for the Network and to assist the partnership to clarify roles and levels of commitment by members to the Network and future projects and activities.

Step 3: Analysing the existing and future partnership (partnership checklist)

Step 3 of this process involves seeking feedback from the partnership using a partnership checklist. The checklist defines key features of a successful partnership for health and wellbeing and outcomes. It is designed to provide feedback on the status of the partnership and suggest areas that need further support and work. The checklist is organised into seven sections:

1. Determining the need for the partnership
2. Choosing partners
3. Making sure partnerships work
4. Planning collaborative action
5. Implementing collaborative action
6. Minimising the barriers to partnerships
7. Reflecting on and continuing the partnership.

There are multiple questions within each section. Participants are asked to rate the success of the partnership in terms of agreement with the presented statement. Options are provided through a Likert Scale of 1-5; where 1 indicates strongly disagrees and a score of 5 indicates that the participant strongly agrees with the statement. Scores are tallied for each section and overall. The overall scores define the success of the partnership (see table 1 below). Section totals provide an overview of which areas of the partnership are working better than others and areas for future action.

Table 1. Checklist score outcomes

Score	Outcome
35-84	The whole idea of a partnership should be rigorously questioned
85-126	The partnership is moving in the right direction but it will need more attention if it is going to be successful
127-175	A partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on current success.

All organisations that are members of the *Outer Northern Refugee Health Network,* and whose representative(s) had attended at least one (1) Network meeting were invited to participate in the analysis. This comprised 28 people across twenty (20) member organisations. The remaining fifteen (15) Network member organisations were not invited to participate in the survey as they were yet to attend a Network meeting.

Participants were provided with 3 weeks to complete the survey due to the 2016 End of Year break. Reminders were sent to respondents 2 weeks, 1 week and 3 days before the due date for completion to encourage participation. Where key member organisations had not responded, these representatives were contacted individually and encouraged to complete the survey.

NETWORK MEMBERSHIP

To qualify for membership of the network, individual and organisational representatives must espouse the following:

- A strong understanding of the local asylum seeker and refugee communities and the experience of arrival and settlement locally;
- An ability to represent informed views that reflect the diversity of the local community;
- A willingness to contribute positively to the growth, maintenance and effectiveness of the Network;
- A capacity to commit to the Network by ensuring each participating organisation is regularly represented by one person at each meeting;
- A willingness to celebrate the successes and achievements of asylum seeker and refugee communities; and
- A commitment to actively participate and contribute resources to the development of an Outer Northern Refugee Health Network Action Plan.

Partner organisations of the network include:

- Hume Whittlesea Primary Care Partnership (Chair and Secretariat)

- AMES
- Arabic Welfare
- Austin Health
- Banyule City Council
- Brotherhood of St Laurence
- Cabrini Immigrant Outreach
- City of Whittlesea
- cohealth
- Department of Education and Training
- Department of Health and Human Services
- Department of Human Services
- Department of Human Services - Centrelink
- Dianella Health
- Eastern Melbourne Primary Health Network
- Epping Community Services Hub
- Foundation House
- Hume City Council
- Lentara Uniting Care
- Life Without Barriers
- MIND Australia
- Mitchell Shire Council
- NEAMI
- Nexus Primary Health
- Northern Area Mental Health
- Northern Health
- North Western Melbourne Primary Health Network
- Orygen, The National Centre of Excellence in Youth Mental Health
- Plenty Valley Community Health
- Shire of Nillumbik
- Spectrum Migrant Resource Centre
- St Vincent's Hospital
- Sunbury Community Health
- The Royal Children's Hospital
- Victorian Refugee Health Network
- Whittlesea Community Connections
- Women's Health in the North

SECTION 3: RESULTS

Exploring the nature of partnerships

Part 1: Purpose of the partnership

The Outer Northern Refugee Health Network brings together a diverse group of health and community service providers to deliver ***integrated*** refugee and asylum seeker health services and care pathways. However, integration does not happen on its own. The process of integrating services requires a significant investment from professionals, services, communities and government. Specifically, a backbone organisation is essential in achieving collective impact and to provide tangible supports, governance and secretariat functions.

The purpose of the Outer Northern Refugee Health Network Partnership is to provide several key actions in the local area, including:

- Governance (supported by the Hume Whittlesea Primary Care Partnership);
- Enhance the capacity and skill of health, wellbeing and social support providers in meeting the needs of refugee and asylum seeker communities across the outer north;
- Strategically identify and contribute to other adjoining area's health, wellbeing and social support providers and planning platforms and responses to refugee health issues;
- Inform and collaboratively support quality coordinated care for refugees in a range of health and wellbeing settings across the outer north;
- Advise on best practice policy changes to health and wellbeing issues that impact on the lived experience of refugees and asylum seeker communities in the outer north;
- Secure and maintain effective local partner members in the co-design, delivery and evaluation of coordinated care services for refugees and asylum seekers from prevention through to tertiary care;
- Assess needs and identifying gaps in refugee and asylum seeker health care provision in the outer north;
- Evaluate outcomes of all strategies as listed in the Outer Northern Refugee Health Network Action Plan including Network performance;
- Shared communication channels including a common language (Key messages etc);
- Common shared resources (data, service directory etc); and
- A focus on outcomes and localised action.

In assessing the *purpose of the partnership* two questions are posed. Firstly, why is the partnership necessary in the project; and secondly, what value is it trying to add to the project. Each of these questions is explored below.

1. Why is the partnership necessary in this project?

The health risks and vulnerability experienced by refugee and asylum seeker individuals and families, and the role health literacy plays in health outcomes is well documented. Coupled with the projected rapid intake of Syrian refugees in addition to the standard refugee intake program, there is a need for joined up service system responses and integrated planning. To address this, services can no longer function in isolation from one another. Now, more than ever before, more flexible and inclusive service options are required for refugee and asylum seeker individuals and families in the outer north.

Network members have provided some reflections on why the Network is necessary in the outer north.

Knowledge exchange

Partners have highlighted their need to develop a greater understanding of the local health service system, not just when coordinating external care services for clients. Many have reported that a greater understanding of the care options within their own organisation has been an important learning opportunity as well.

Quality of care

In most health settings quality of care is related to organisation accreditation requirements, clinical guidelines and other legislative requirements such as informed consent and privacy laws. In the outer north "quality of care' is understood to be more than clinically comprehensive, timely and culturally appropriate care. It also includes health literacy, communication, continuity of care and coordination of care. The network is viewed as essential to

ensuring that these non-traditional yet essential components of quality are actioned and become core business of all health services in the outer north.

Collective impact
Collective Impact (CI) and Results-based Accountability (RBA) are structured methodologies designed to achieve significant change management for partners. This approach involves a cross section of stakeholders working collaboratively together to solve complex social problems and collectively seek to create impact together, rather than as individual organisations.

While most organisations working with disadvantaged clients and families apply an intervention framework to address risk factors; Collective Impact applies a prevention framework that actively promotes wellbeing by increasing the protective factors of individuals, families and communities. The five core conditions of collective impact/success are: Common Agenda; Shared Measurement; Mutually Reinforcing Activities; Continuous Communication; and a Backbone Organisation.

Project undertaken to date have been a result of a preliminary common agenda and mutually reinforcing activities. Of the Network members surveyed, there is universal acceptance that:
- There is a need for an independent backbone organisation to support the network; and
- Partners understand the value of shared data.

Relationship activation
Not-for-profits value their independence and can often be in competition. They work on programs that build on their strengths within their spheres of influence. It can be very challenging to then work to a broader agenda and be accountable to others. The Network is viewed by members has an opportunity to active relationships with local health providers through a focused and supported approach. Anecdotally it is accepted that without a backbone for the Network, relationship activation would have been difficult and it is unlikely that collective impact could be achieved.

Growth of Network
Participation in the Network was originally by invitation from the HWPCP. From conception, membership has grown from 25 members to 36 with some members self-referring to the group with others invited by existing members. Upon survey, members reflected that all relevant stakeholders have been identified for participation in the network however attendance and active participation in the Network differs considerably.

2. What value is the Partnership trying to add to the Network?

The formation of a Network (Partnership) to govern Refugee and Asylum Seeker Health in Melbourne's outer north allows the equal distribution of information, innovation and service system co-design / redesign benefits between network partners. The Network facilitates opportunities for partner service staff and services users to access a broader range of information, resources and expertise; reducing barriers to referral pathways and hopefully service utilisation by refugees and asylum seekers. In keeping with this, the Outer Northern Refugee Health Network will provide a showcase of how distinctive services can work together to achieve common outcomes for refugee and asylum seeker individuals and families.

Members have identified some examples where the Network is trying to add value. These include:

Health literacy
The Australian health system can be difficult to navigate for any user. It is even harder for refugees and asylum seekers to navigate when service providers are unfamiliar with services within their own organisation, let alone services external to them. Health literacy in the context of the Outer Northern Refugee Health Network not only refers to the new arrivals but also to health professionals in the local and surrounding areas. While preliminary projects have already started to address the health literacy of the local area, continuous improvement remains an essential element for Network success and Collective impact. However as detailed later in this report, members on the network are unsure regarding roles and responsibility of communication practices even though clearly outlines in the Network terms of reference as a key responsibility of all Network partners.

Service system co-design
Network members regularly provide opportunities for refugees and their families, asylum seekers, the community, health professionals and health services to be involved in service system co-design. However, co-design is more than just asking people what they want. Research and anecdotal evidence suggests that it is using the data generated from these opportunities to improve the quality of their services that is lacking in co-design efforts. Typically, patients are only given a passive role in co-design with staff making all the decisions about how to respond.   The network is aiming to add value to partners through shared data collection and management.

Projects
SERVICE DIRECTORY
The service directory project originally commissioned by the HWPCP to the EMPHN documented the range of refugee services provided in the outer north. Key outcomes of this project were the identification of significant gaps in the documentation of program descriptions and local referral pathways. To address these key findings, the network through the support of the HWPCP undertook to develop a comprehensive service directory, listing services in the Outer North under key service domains being: accommodation; disability; physical health; employment; mental health; social and community development; education and training; dental; financial and; legal / immigration. The directory outlies organisation programs by location, hours of operation, contact details, eligibility criteria, cost and referral pathway key aspects.

This project was consistently rated as the top outcome of the Network to date. Recognising the significant resources provided to the project, but also reflecting Collective impact principles: the importance of a common agenda, shared measurement, mutually reinforcing activities and the backbone organisation. The directory will require ongoing investment to ensure it is accurate and this will require continuous communication.

NHSD
The National Health Services Directory (NHSD) is a national online portal that documents all health services in Australia. This resource is the key source of service provider information Nationally. If organisation and service information is not listed on this site or updated, referrals and business opportunities will be lost. While Network members rank the physical service directory as the most important outcome of the Network to date, strategically the NHSD is and will continue to be the more critical place for health service information to be available. As a commonwealth resource, it has linkages to NDIS and My Aged Care – key business and referral sources for health services.

Part 2: Mapping the partnership

Partnerships in health and human services may range on a continuum from networking through to collaboration. This mapping exercise is designed to map all the partners in relation to each other. Mapping the partnership is a way of clarifying roles and levels of commitment to the partnership. This is important as partners may have different understandings and expectations of what their involvement in the Partnership means. Completing the map provides an opportunity to look at ways that relationships can be strengthened and made more productive.

This mapping exercise will provide a snapshot of relationships at the time of the analysis. Care should be taken in interpreting this mapping as relationships and roles in partnerships change over time, especially as the project evolves and with personnel changes within organisations and the partnership.

Partnership Structure

The Outer Northern Refugee Health Network partnership is a flat structure with the Hume Whittlesea Primary Care Partnership as the backbone organisation. All other members have equal representation and roles in the Network.

When the Network is mapped in terms of participation, then the membership structure changes as only 26 of the 36 member organisations that have physically attended a network meeting. The Network partnership structure

changes again when mapped by location of service provision, type of service provision and the nature of relationships within the partnership.

Participation in Network (members)

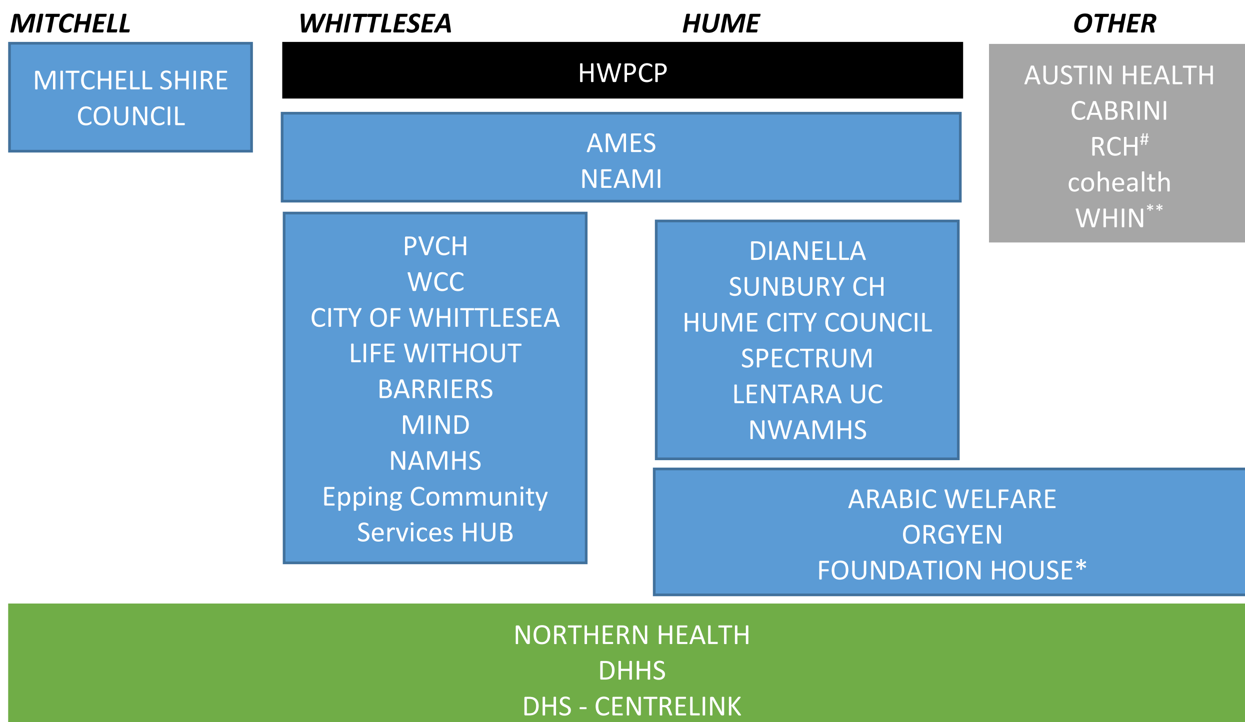
HWPCP

FOUNDATION HOUSE AMES
NORTHERN HEALTH AUSTIN HEALTH
RCH CABRINI
PVCH DIANELLA cohealth
BSL WCC ARABIC WELFARE
EMPHN NWMPHN DHHS DHS
CENTRELINK WHIN
CITY OF WHITTLESEA HUME CITY COUNCIL
BANYULE CITY COUNCIL NILLUMBIK SHIRE
VIC REFUGEE HEALTH NETWORK

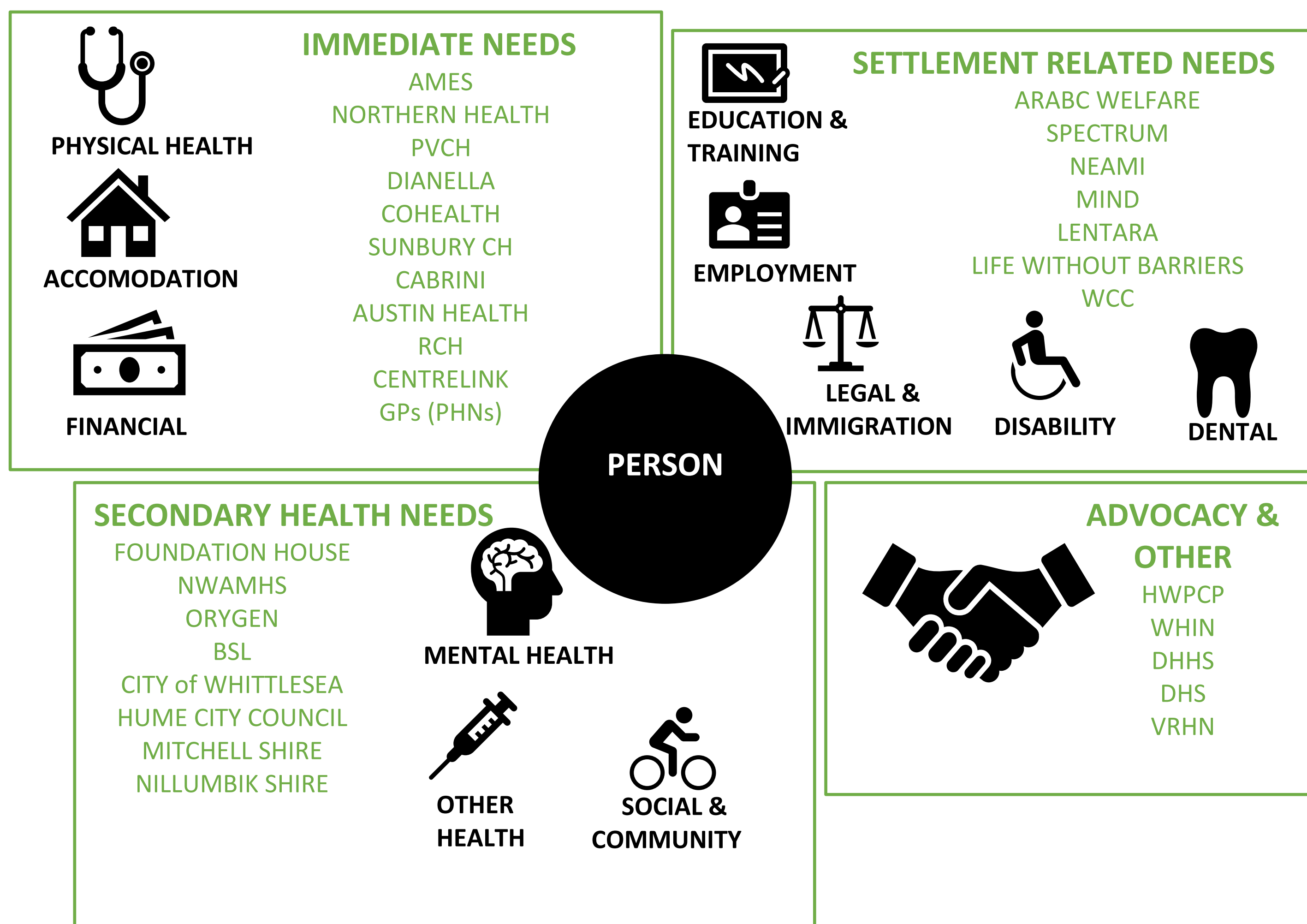
Epping Community Services HUB
LENTARA UnitingCare
LIFE WITHOUT BARRIERS
MIND NEAMI
NAMHS ORYGEN
MITCHELL SHIRE
SPECTRUM
ST VINCENT's HOSPITAL
NEXUS SCH

BLACK = Backbone
GREEN = Participating
GREY = Member, Non-attendee

Location of service provision (MEMBERS only)



Type of service provision (hierarchy of needs)



Nature of Relationships

Each member agency of the Network is listed below (table 2) together with an example of some of the services they provide whether they provide services to Refugees (R) and/or Asylum Seekers (A) and their role in the partnership (see table 3).

Table 2. Partner organisations, service provision and partnership roles

Organisation	Services	Consumer	Role
AMES	Settlement (all aspects initial arrival, case management up to 5yrs), employment assistance, English classes, community support.	R & A	Cooperating
ARABIC WELFARE	Settlement (Arabic speaking only), Family Violence, gambling, Youth support, community support	R	Cooperating
AUSTIN HEALTH	Emergency and tertiary health care, mental health (child and Adult)	R	Coordinating
BROTHERHOOD OF ST LAURENCE	Employment assistance, Family services, community support, training (adult & youth), immigration support.	R & A	Cooperating

BANYULE CITY COUNCIL	Physical health (immunisations, Maternal and child health), community support	R	Networking
CABRINI	Physical health (Primary care, immunisations) and mental health	A	Cooperating
CITY OF WHITTLESEA	Physical health (immunisations, Maternal and child health), Youth services, community support	R	Coordinating
cohealth	Physical health (assessment, referral)	R & A	Cooperating
Department of Health and Human Services (State)	Information, funding	N/A	Collaborating
Department of Human Services (Federal)	Information, funding	N/A	Collaborating
Centrelink	Information, funding, employment assistance (referral)	R	Collaborating
Dianella Health	Physical health (assessment, referral)	R & A	Cooperating
Eastern Melbourne PHN	Information	R	Networking
Epping Community Services Hub	Information, co-location of services	R & A	Networking
Foundation House	Mental health	R & A	Cooperating
Hume City Council	Physical health (immunisations, Maternal and child health), Youth services, employment support, community support	R	Coordinating
Lentara UnitingCare	Accommodation, emergency relief, community support	A	Coordinating
Life Without Barriers	Community support	A	Coordinating
MIND Australia	Mental health	R	Networking
Mitchell Shire Council	Physical health (immunisations, Maternal and child health), Youth services, community support	R	Coordinating
NEAMI	Mental health, community support (diagnosed with mental illness)	R	Networking
Nillumbik Shire Council	Physical health (immunisations, Maternal and child health), Youth services, community support	R	Coordinating
Northern Health	Emergency and tertiary health care, maternity supports, community supports	R & A	Cooperating
North Western Area Mental Health Services	Mental Health (adult & older persons)	R	Coordinating
North Western Melbourne PHN	Information	R	Networking
Orygen	Mental health (Youth only)	R	Coordinating
Plenty Valley Community Health	Physical health (assessment, referral), information	R	Cooperating
Spectrum Migrant Resource Centre	Settlement and case management (up to 5yrs post arrival), family services, immigration support	R & A	Cooperating
St Vincent's Hospital	Emergency and tertiary health care	R	Coordinating

Sunbury Community Health	Primary care, dental, allied health	R & A	Cooperating
The Royal Children's Hospital	Emergency and tertiary health care, specialist paediatric care and assessments, immunisations, community supports	R & A	Cooperating
Victorian Refugee Health Network	Information	R & A	Networking
Whittlesea Community Connections	Settlement, Emergency relief (including financial supports), Legal support, community supports	R & A	Cooperating
Women's Health in the North	Information, community supports	R & A	Collaborating

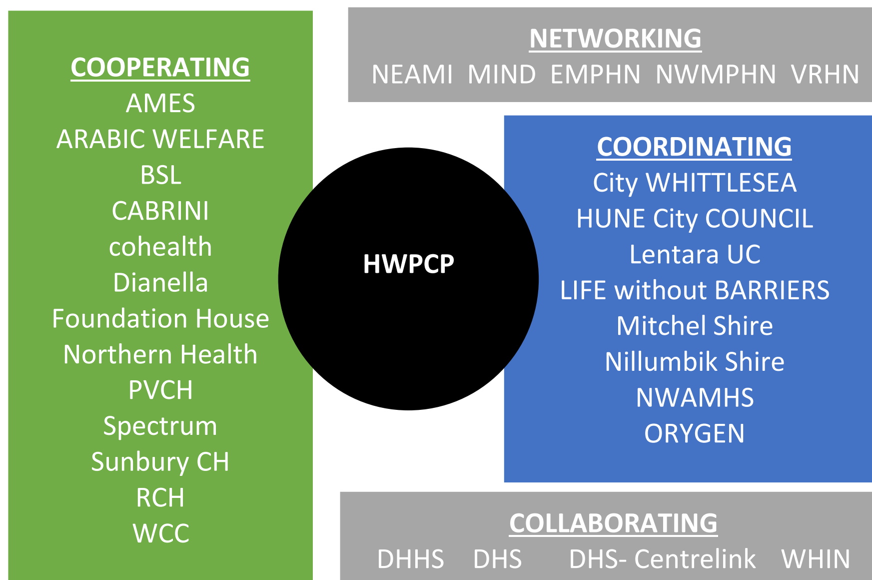
Table 3. Legend for partner roles

Networking	Exchange of information for mutual benefit
Coordinating	Exchanging information and altering activities for a common purpose
Cooperating	Exchanging information, altering activities and sharing resources
Collaborating	Enhancing health promotion capacity of other partners for mutual benefit & common purpose.

The *analysis tool* outlines a suggested approach to map partnerships. The approach displays the relationships between the lead agency and partners in terms of their roles within the whole of partnership. As a visual display of relationships, the map is not hierarchical and does not assume one partner is more important than another as all have important roles to play.

The map presented below provides a snapshot of perceived relationships between partners based on roles within the partnership.

Figure : Partnership roles map



Part 3: Providing feedback using the partnership checklist

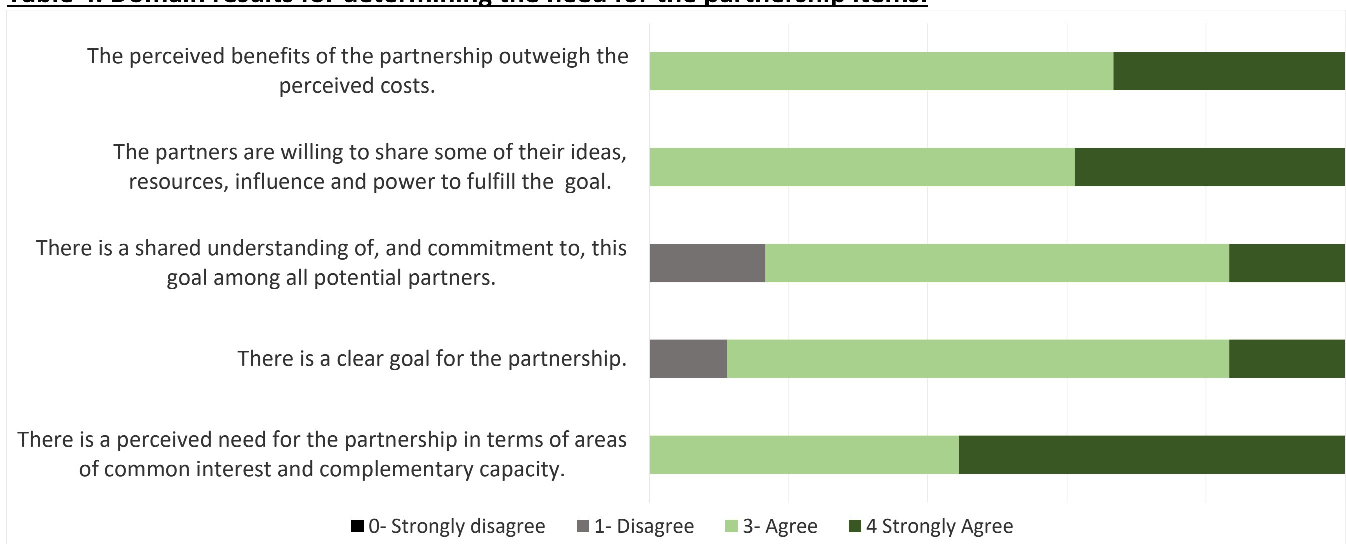
RESULTS

A total of 20 people from 28 invited participants completed the survey, a response rate of 71%. Participants were members that had attended at least one network meeting in 2016. Members that were contributors and members of the Network but had not attended a meeting where not invited to participate in the review.

1. Determining the need for the partnership

Participants were asked to indicate their agreement with five (5) statements relating to the perceived need of the partnership, willingness to collaborate and that the benefits of participation outweigh any perceived costs associated with the partnership. Generally, there was high agreement (green = agree, dark green = strongly agree) with most of the statements; participants indicating that there is a strong need for and understanding of why the partnership exists. There was some disagreement (grey) with the statements relating to understanding the goal of the partnership and a perception that not all members are committed within the partnership.

Table 4. Domain results for determining the need for the partnership items.



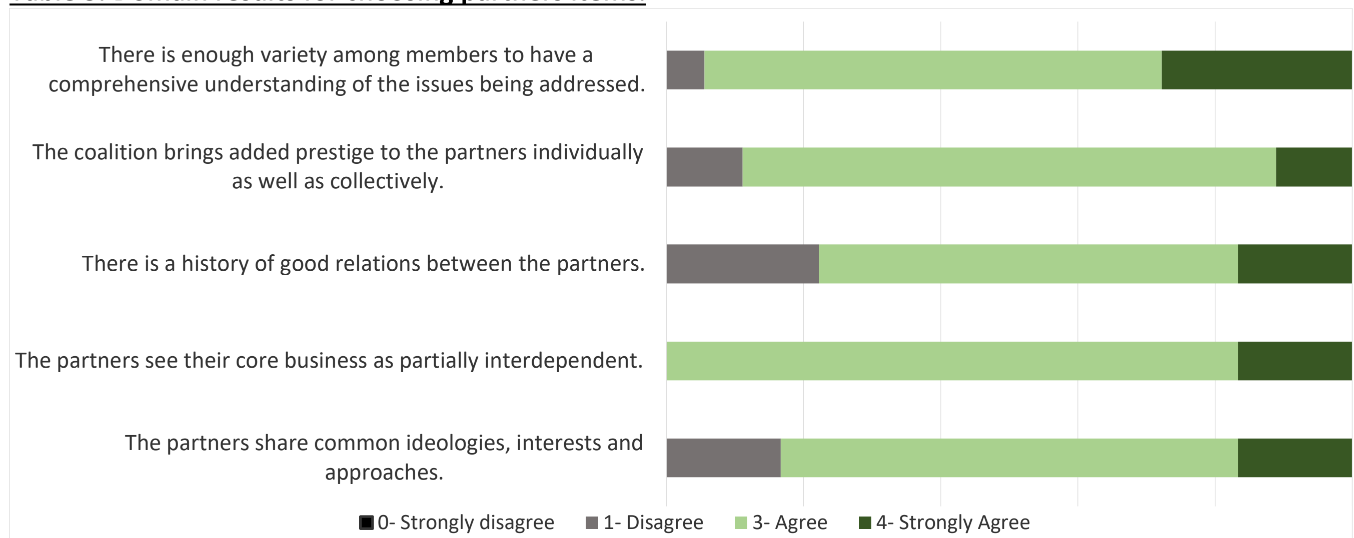
Overall, this section of the survey scored 16/25; indicating that the perceived need for the partnership and its purpose is only partially understood. To improve this score, the Network should rearticulate and actively communicate to network members the goal of the Network as well as associated commitment expectations.

Participants were also asked an additional question regarding the engagement and activity levels of network members. 94% (N=19) of respondents indicated their agreement with the statement that "relevant stakeholders are engaged and actively participate in the network.

2. Choosing partners

Participants were asked to indicate their agreement with five (5) statements relating to choosing partners including relationships, common beliefs or approaches and membership. Generally, there was a high level of agreement with all statements. The sufficient variety of the membership scored very highly as did the statement that "there is a history of good relations between the partners." The item relating to the partnership adding "prestige" to individuals and collectively, scored more poorly. Variation within the item relating to shared ideologies, interests and approaches is not necessarily cause for alarm as it is to be expected that different partners come together with different ways of doing; it is whether this inhibits the function of the partnership that is the area of interest.

Table 5. Domain results for choosing partners items.



Overall, this section of the survey scored 15/25; indicating that there is enough variety within the Network membership and members perceive their organisation's business as partially interdependent. The results indicate that there is a perception that network members while largely having a good history of working together this is not always the case. Similarly, there was some disagreement that members share common interests and approaches and whether the network brings prestige to individuals and the collective at this stage of the Network's evolution.

To improve this score, attention should focus on looking at how working relationships can be enhanced and strengthened moving forward; especially where past challenging working relationships have been identified. Differences in ideologies, interests and approaches should be leveraged as a strength of the Network, however barriers that these differences could present moving forward can be minimised through the clarification of the network goal and roles and responsibilities of network members.

3. Making sure partnerships work

Participants were asked to indicate their agreement with five (5) statements relating to making sure partners have the necessary skills, capabilities, roles and decisions making processes to make sure the partnership works and has managerial support. Responses to most items were largely favourable (green = agree, dark green = strongly agree), with 100% agreeance with the statement "the managers in each organisation support the partnership."

There was a high level of disagreement (grey) when responding to the statements "the roles, responsibilities and expectations of partners are clearly defined and understood by all other partners" and; "There are strategies to enhance the skills of the partnership through increasing the membership or workforce development."

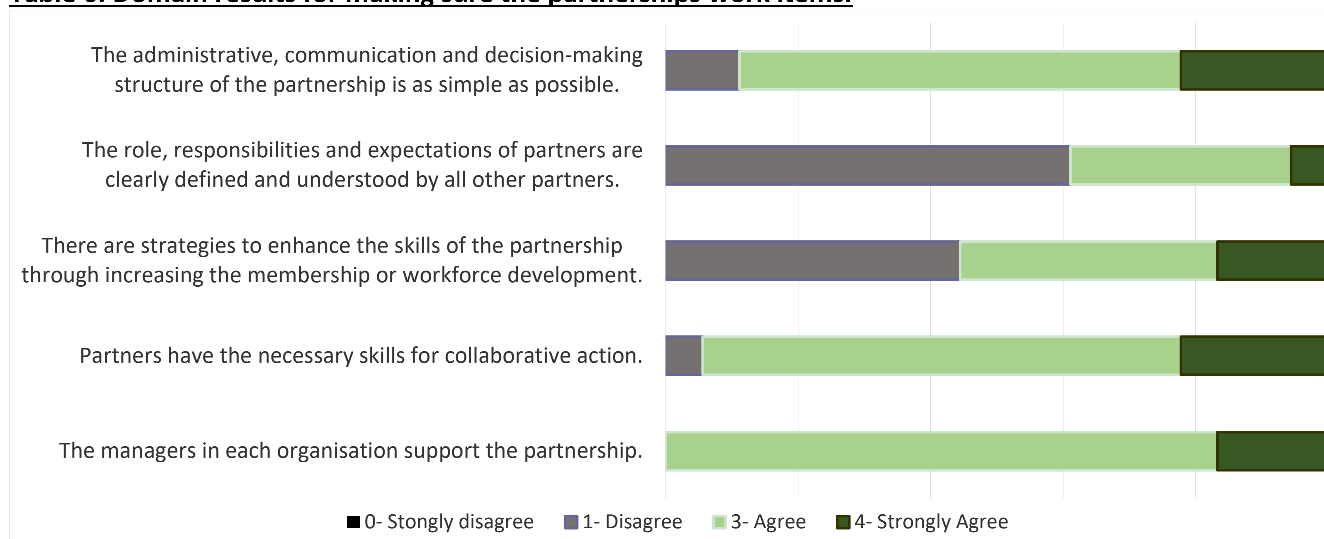
Overall, this section of the survey scored 13/25; indicating that while the necessary supports and skills for collaboration are in place, there is much work to be done in this space to make the partnership work. Again here, the clarification and communication of the Network goals, roles, responsibilities and expectations of Network partners will be critical to success. As Network members do not necessarily have a clear understanding of what they can contribute to the partnership, let alone what other partners can contribute to the partnership, this result is not unexpected.

To improve this score, attention should focus on clearer definitions of the roles, responsibilities and expectations of partners and how this is understood or communicated within the wider partnership. Partners should identify their expectations regarding how membership of the Network can enhance the collective skills of the partnership and associated professional development needs of the network or wider sector to achieve the Network goals.

As identified by Network partners, the continued administrative support and strategic guidance provided by the HWPCP will be critical to the long-term success of the Network. This must include a more concerted effort

specifically around the identification of feasible strategies to strengthen relationships, workforce development and collaboration opportunities.

Table 6. Domain results for making sure the partnerships work items.

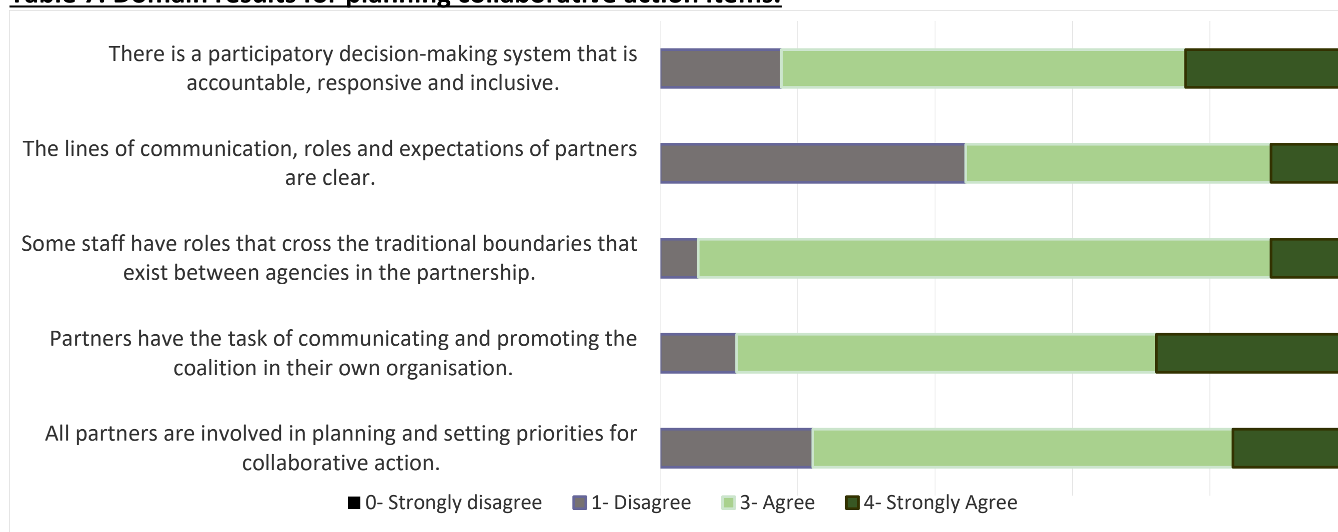


4. Planning collaborative action

Participants were asked to indicate their agreement with five (5) statements relating to how the partnership plans for collaborative action. While responses to all items were largely favourable (green = agree, dark green = strongly agree), responses indicate that there is room for improvement (grey) in how the Network involves partners in planning and priority setting activities, decision making processes, and communications.

Overall, this section of the survey scored 14/25; This score reiterates previous sections that while partners express a willingness to collaborate and plan for collective impact, the processes, channels and expectations of partners is not clear in regards to communication. To improve this score, attention should focus on enhancing communication practices about roles and expectations of partners; and by ensuring that decision making process are accountable, responsive and inclusive.

Table 7. Domain results for planning collaborative action items.



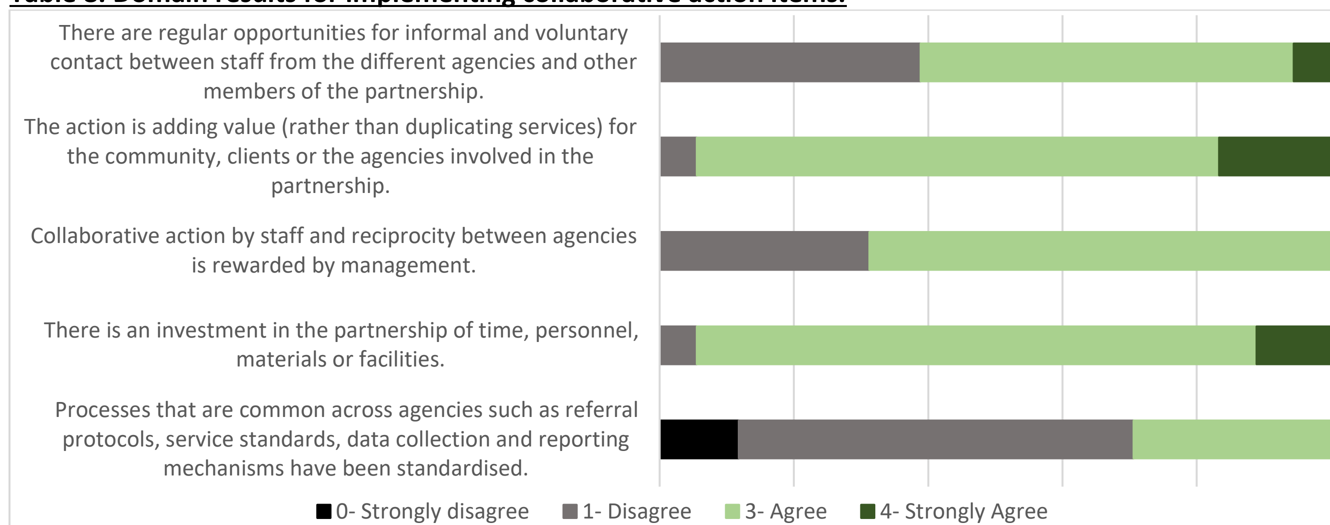
5. Implementing collaborative action

Participants were asked to indicate their agreement with five (5) statements relating to how the partnership plans for collaborative action. While responses to all items were largely favourable (green = agree, dark green = strongly agree), there was variation in agreement within some items. There was a level of strong disagreement (black) and

disagreement (grey) when responding to the statement "processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardised."

A significant proportion of the respondents also indicated disagreement (grey) with the statements that "There are regular opportunities for informal and voluntary contact between staff from the different agencies and other members of the partnership", and "Collaborative action by staff and reciprocity between agencies is rewarded by management".

Table 8. Domain results for implementing collaborative action items.



Overall, this section of the survey scored 12/25; the lowest score for all partnership tool sections. This result is not surprising given the infancy of the network in undertaking collaborative actions, with the only action to date being the Service Directory, that is yet to be launched. This lower score indicates that the way the partnership works in implementing collaborative action is yet to be proven and its ability to do so into the future is not perceived as favourably as it could be.

To improve this score, attention should focus on building a better understanding within the partnership of what collaborative action is, how to implement it and celebrating action at all levels within the partnership and organisations. Only focussed pieces of work that target the key areas of concern, being common or standardised referral protocols, service standards, data collection and reporting mechanisms where practical will improve this item score.

6. Minimising the barriers to partnerships

Participants were asked to indicate their agreement with five (5) statements relating to how the partnership minimising barriers to participation. While responses to all items were largely favourable (green = agree, dark green = strongly agree), some items were not scored as favourably. Specifically, most respondents believed that "differences in organisational priorities, goals and tasks have not been addressed sufficiently" and is an area for improvement. The low level yet strong disagreement with the statement "there is a core group of skilled and committed staff that has continued over the life of the partnership" recognises that while organisation participation is relatively stable, individual participation is not; and this creates opportunities and challenges for the partnership moving forward.

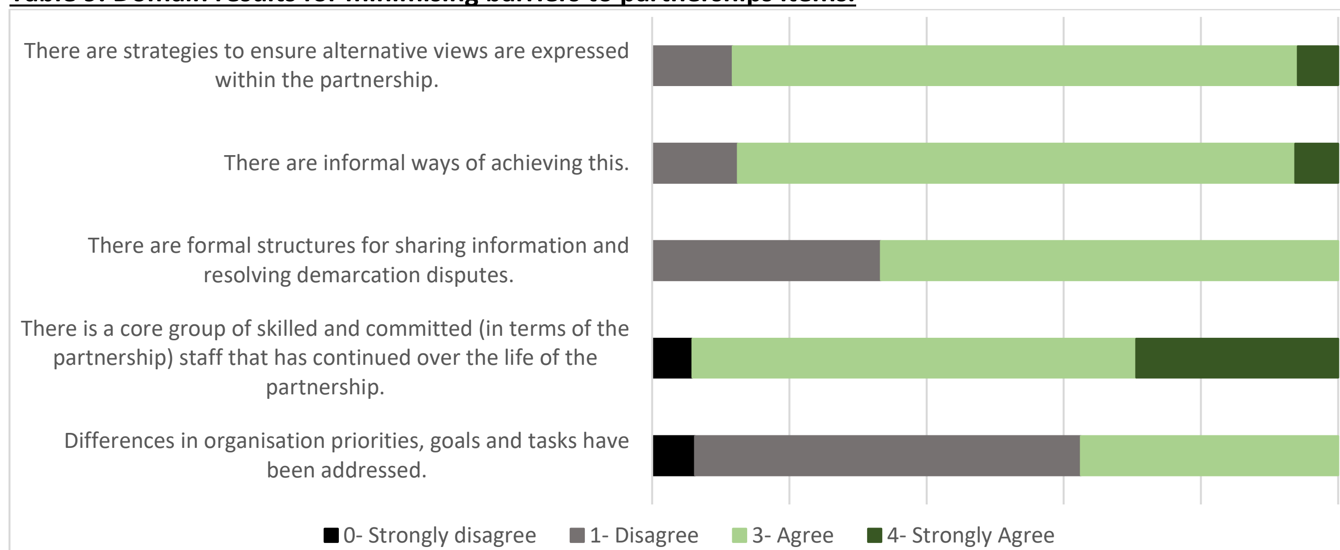
Some respondents also disagreed that "there are formal structures for sharing information and resolving demarcation disputes" which is consistent with previous results around communication needs. There was also some disagreement with the statement "there are strategies to ensure alternative views are expressed within the partnership" which is also an opportunity for improvement in defining processes, both formal and informal, for the sharing of ideas and settling disputes should they arise.

Overall, this section of the survey scored 13/25; this score indicates that the partnership is doing well in minimising barriers to participation in the partnership however all areas could be improved. To improve this score, attention

should focus on defining processes, both formal and informal, for the sharing of ideas, settling disputes should they arise and other areas of concern.

While changes in organisation representation is inevitable, members should commit to maintaining consistency in who attends network meetings and develop an agreed process whereby information is shared within an organisation. Ideally any organisational representative that attends a network meeting should be up to date with previous meetings and decisions. Respondents to this survey indicated that this is not the case, and may in part provide a rationale for why most members strong indicated that differences in organisation priorities, goals and tasks have not been resolved. Presumably, the clarification of the Network's goals and purpose will also aid in this.

Table 9. Domain results for minimising barriers to partnerships items.

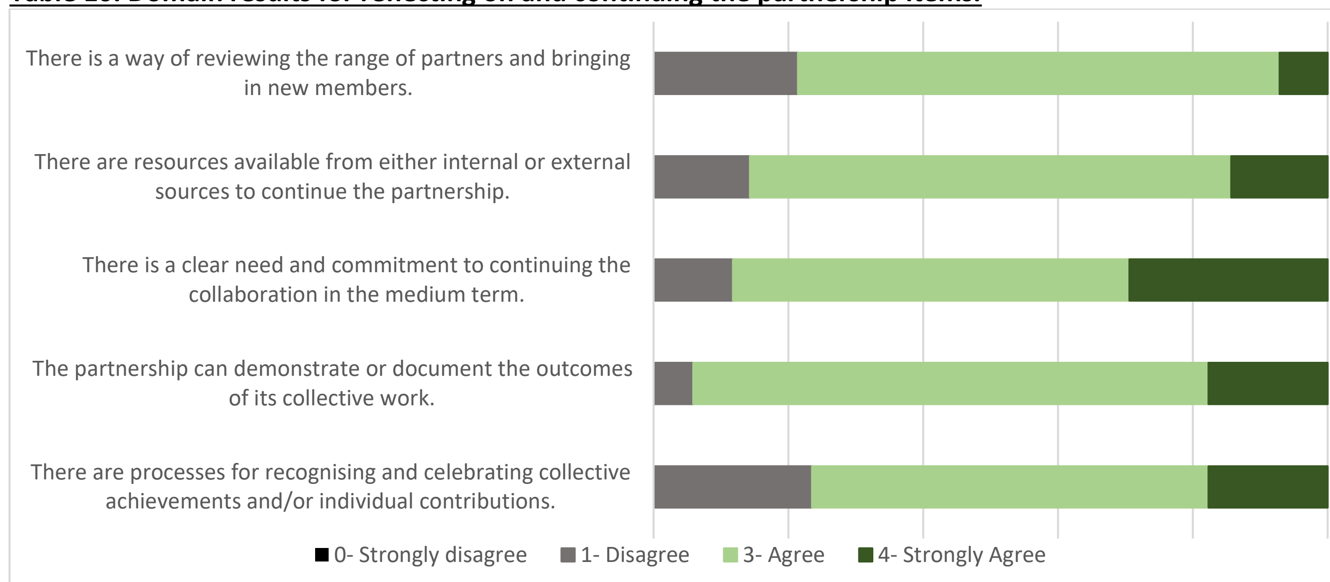


7. Reflecting on and continuing the partnership.

Participants were asked to indicate their agreement with five (5) statements reflecting on the partnership and the need for and commitment to continuing the partnership. While responses to all items were largely favourable (green = agree, dark green = strongly agree), some items identify opportunities for action. These include developing several processes within the Network:

- membership composition review and monitoring process;
- Reward and recognition process or strategy; and a
- Sustainability strategy.

Table 10. Domain results for reflecting on and continuing the partnership items.

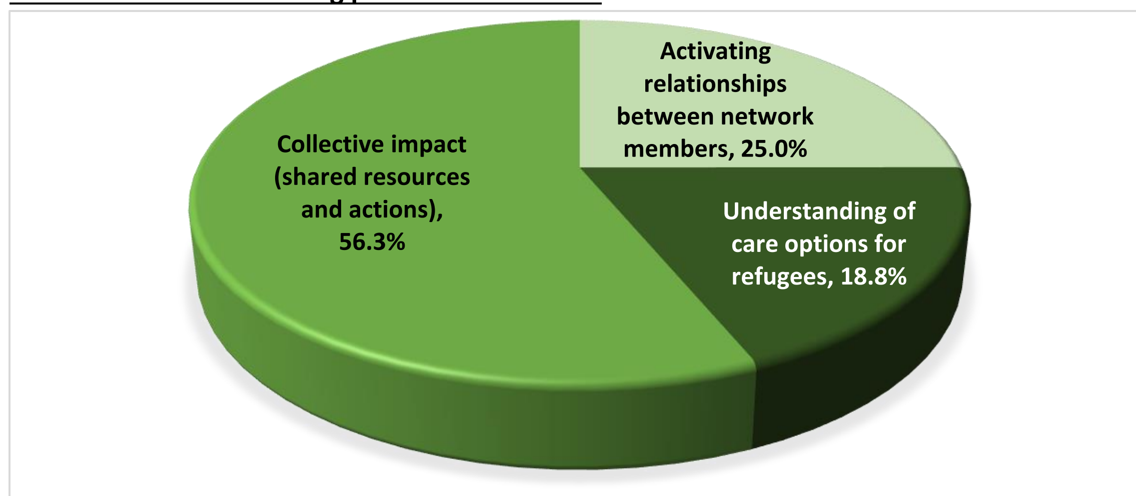


Moving forward, members recognise and are committed to the continuation of the Network and are confident that the Network can demonstrate or document the outcomes of its collective work which is evidence by the previously mentioned projects. Overall, this section of the survey scored 14/25. This score indicates that members perceive the Network partnership to be moving in the right direction but there is still considerable work to be done to improve this score.

In keeping with this theme, respondents were also asked to reflect on the reasons for their membership of the Network, benefits and anticipated benefits from the partnership and any learnings gains from their participation in the Network.

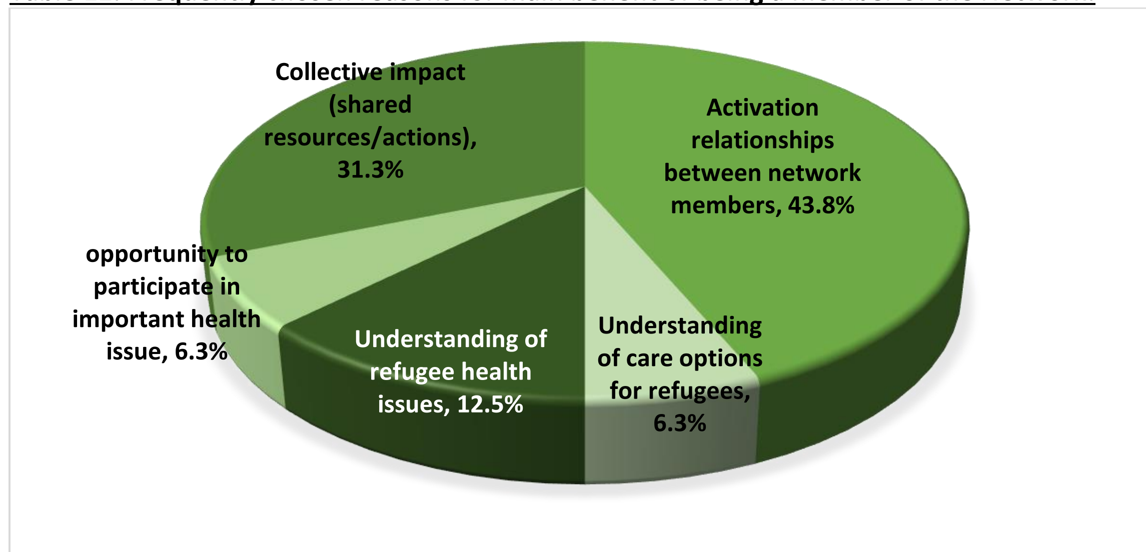
Members were asked to select one response from four options of what the most important reason for being part of the Network was (two participants did not complete this item). Only three of the four options resonated with members as being the most important. Collective impact was the most frequently chosen reason for being involved in the Network (table 11).

Table 11. Reasons for being part of the Network.



Members were also asked to reflect on benefits of being part of the Network. here members were given 6 options to choose from with five (5) being selected as important by members. While Activation of relationships between network members was more frequently rated as the main benefit of membership, collecting impact through the sharing of resources, actions etc was also cited as a main benefit of being a member of the partnership (table 12).

Table 12. Frequently chosen reasons for main benefit of being a member of the Network.

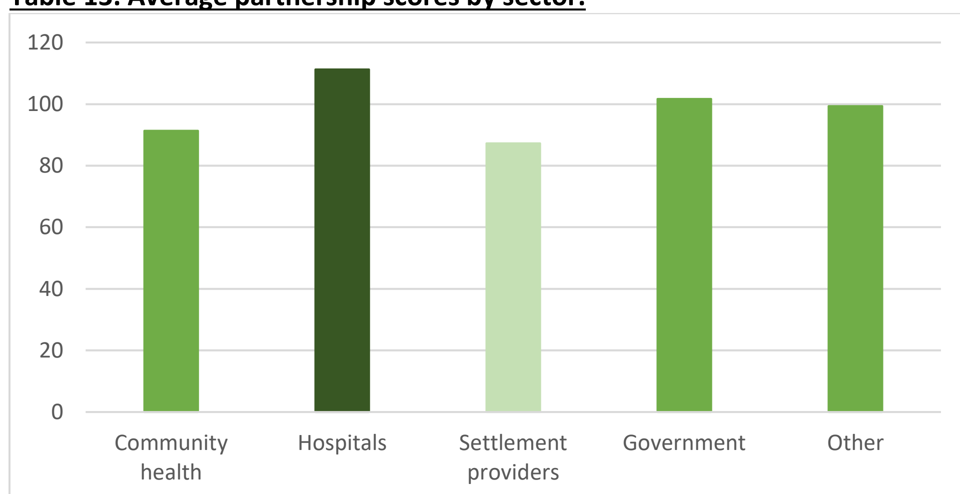


Overall score

A total average score of 97 (out of a possible 175) was achieved (min 73, max 136). This score indicates that the partnership is moving in the right direction but it will need more attention if it is going to be successful. The challenge is to address the member expectations and communication needs in the immediate future and build on the small success achieved through projects into the future.

Looking at the average partnership scores by sector paints a different picture regarding how well the Network is working for different stakeholders. The table (13) below shows that the partnership is viewed more favourably by those within the tertiary sector (hospitals), Government (Federal, state and local) and other (PCP and PHNs). Community health providers also perceive the partnership as moving in the right direction but less favourably. Network members that are responsible for the provision of settlement services to refugees, not necessarily health services, view the partnership the least favourably though recognise the importance of the network with significant investment in its future success. This is an important comparison as it highlights the need to more rigorously investigate the expectations and need of members within the Network.

Table 13. Average partnership scores by sector.



Outcomes of networks and partnerships such as this are important to measure. As the Network is focussed on refugee health in the outer north, the evaluation team also thought it prudent to measure members' learnings regarding refugee health pre and post participation in the Network. The following tables (14 & 15) show that member knowledge and understanding of key aspects of refugee health including service provision, health care options and refugee health needs has improved (self-rated) through participation in the Network.

Table 14. Understanding of key refugee health issues prior to joining the Network.

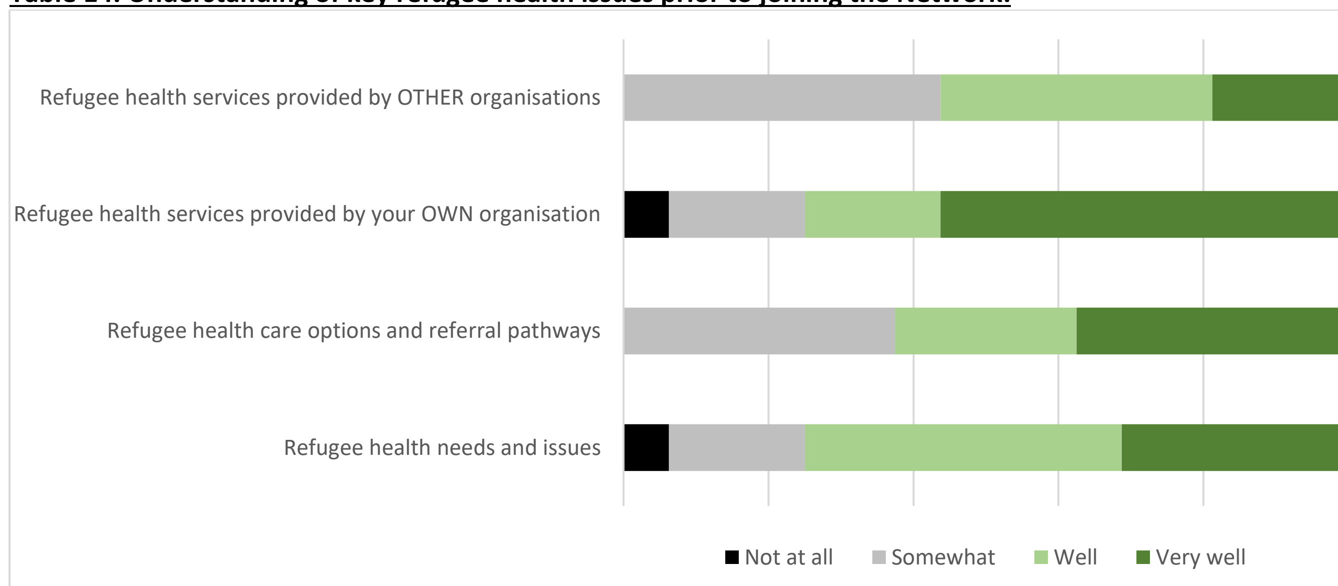
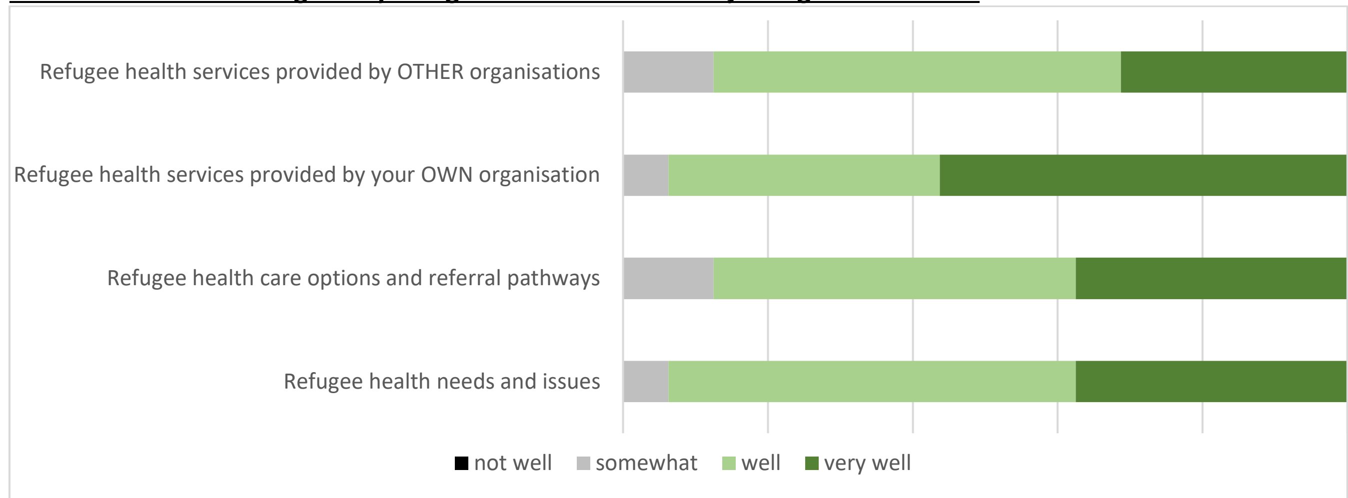
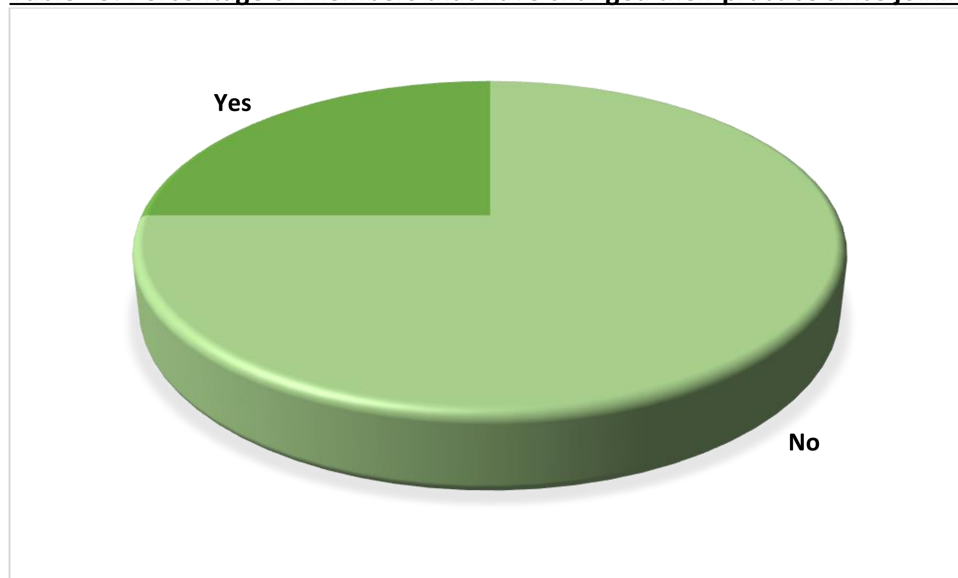


Table 15. Understanding of key refugee health issues since joining the Network.



Members were also asked to reflect on whether they have changed any aspect of their practice since joining the ONRHN, of which 25% indicated that they had (table 15). In indicating what areas of practice that have changed, members reported an investment or redirection of service and programs towards refugee health including; the establishment of internal working groups, mapping service gaps, employing new refugee health dedicated staff and expanding existing programs.

Table 15. Percentage of members that have changed their practice since joining ONRHN.



Discussion

The findings from the feedback checklist provide meaningful areas for action to enhance and maintain the collective impact goals of the Outer Northern Refugee Heath Network. The results show that the partnership is doing well at these early stages with clear guidance on areas for improvement. This section focusses solely on areas for improvement.

The perceived lack of clarity regarding roles, responsibilities, expectations and formal processes within the Network is an area for immediate action. While the Network Terms of Reference do cover this, the message is not well understood by members. This is not unexpected given the irregularity with which members attend Network meetings and the lack of a core group. While there are over 90 names on the Network distribution list, less than a third of the designated representatives have attended more than 1 network meeting.

Similarly, the low scores relating to a shared understanding of and commitment to the network goals may be an external communication issue for the Network, an internal organisation communication issue reflective of irregular attendance patterns or something else. While the Network was established in preparation for the expected influx of refugees from the Syrian conflict, the refugee health system issues that have been identified by Network members exist and persist, reinforcing the need for the Network irrespective of the reason it was formed.

Often when there is a lead organisation, members rely on this organisation for communication and strategic guidance. While members reported that this is occurring through the HWPCP as the backbone organisation, in a collective impact approach communication is everyone's responsibility; this understanding does not resonate through the survey results. Further, it appears unclear from the survey results what members are to communicate. What is clear, however, is that organisational representatives are not adequately communicating to internal colleagues the workings of the network, its purpose and goals. An immediate focus on communicating these messages and expectations should reinvigorate the Network in the next stage of its evolution.

The low partnership scores relating to shared ideologies, interests and approaches indicate that members may have answered the survey subjectively (own or organisations interests) instead of reflecting on the partnership workings and catchment needs.

In analysing the results and individual feedback provided to the evaluator, it is unclear whether members understand how partnerships work and collaborative action. Feedback indicated a divide between members in their understanding, with inconsistent results for related survey items. This indicates that some are focussed on operational aspects of refugee health (e.g. what does this mean for my organisation?) versus a focus on catchment approaches to refugee health (e.g. what does this mean for refugee health needs?). This was reinforced by individual comments made to the evaluator.

The lower partnership scores by those employed with the settlement and community health sectors is an area for concern. Given the history of these sectors, these lower scores could indicate a degree of scepticism regarding the role and impact of the partnership, not just on refugee health outcomes but again for the specific organisations. Trust between members will be essential if the Partnership is to be successful in the long term. Similarly, the results indicate that while differences in organisational goals and priorities may be an area for future action, this could be ameliorated through a network focus on alignment to the Network vision and goals. This must occur is a catchment solution to key refugee health issues are to eventuate and be sustained.

While members indicated the primary reasons for their involvement in the network is to activate relationships and collective impact; the results indicate that there is a perception that not all network members may have the necessary skills for collaborative action. The establishment of professional and workforce development strategies together with formal processes relating to decision making communication expectations and opportunities to collaborate within and between network members should alleviate this.

The key messages arising from feedback provided are:

- ***Storming and Norming:*** the network needs to go back to basics and redefine the vision, goals and expectations of members within the Network collectively, with the clear definition of roles and responsibilities. Anecdotal reports indicate that the purpose of Network is not well understood and requires consolidation in line with a range of State, local and catchment contextual factors.
- ***Communication:*** includes marketing, planning, rewards strategies and reporting on outcomes. Key messages and consistent communication are essential. Internal communication strategies must include a clear focus on defining roles, responsibilities, expectations and decision making processes within the partnership. External communications must have a clearly defined target audience.
- ***Collective Impact:*** this includes how member actions add value to the partnership; aligning partner organisations cultures to partnership vision; effective and adequate resourcing; and advocacy and influencing policy for better refugee health outcomes in the outer north.

Recommendations

1. That the network redefines the vision, goals and purpose of the Network;
2. That the Terms of Reference be revised to reflect any changes to the vision, goals and purpose of the Network with a focus on the need for consistent representation and participation by Network members;
3. That network members are supported to align organisational priorities to the vision of the Outer Northern Refugee Health Network and other key functions such as data management and knowledge sharing; with differences in member organisation priorities, goals and tasks are mapped and opportunities for enhancing collective impact are identified and actioned;
4. That the principles of Collective Impact are reinforced to network members with practical guidance around implementation within the local refugee health sector;
5. That the perceived and real costs and benefits of the Network be mapped and communicated to the wider sector (system issues and health outcomes);
6. That a Network communication plan be developed to incorporate key internal and external messages, member expectations and agreed processes for knowledge exchange and reporting process be developed and adopted by partnership members;
7. That the Network actively monitors, evaluates and disseminates partnership outcomes and learnings and that a rewards strategy is developed to celebrate individual, organisation and collective achievements; and
8. That a professional development workshop be organised for partnership members that focuses on workforce and professional development needs of the refugee health sector in the Outer North;