

Partnership *Planning*

A worksheet for setting up a working partnership with a settlement service, hospital liaison, community organisation, or other external service.

Good refugee health care depends on relationships beyond the practice. Settlement services, refugee health nursing, mental health services, hospitals, and community organisations all play a role. This template helps set up a working partnership with one external organisation in a structured way.

Common partner types

Settlement services <i>Multicultural Australia</i>	Help newly arrived patients with housing, income, schooling, transport, and system navigation. Often the first contact for refugee patients; can warm-refer to the practice.
Refugee health nursing <i>Townsville Refugee Health Nurses</i>	Specialist nursing service providing initial assessment, screening, and linkage. Can provide advice on complex cases.
Trauma and torture services <i>QPASTT</i>	Specialist mental health and counselling support for patients who have experienced torture, trauma, or displacement-related psychological harm.
Hospital liaison <i>Multicultural Liaison Officer</i>	Many Hospital and Health Services have a Multicultural Liaison Officer who can support coordination between the hospital and primary care.
Community leaders <i>Mater G11, community contacts</i>	Trusted community leaders can advise on cultural considerations, support community engagement, and bridge between the practice and patients.
Education and child care <i>schools, kindys</i>	Schools often see refugee-background families regularly. Can be partners for outreach, immunisation, and family support.

TIP

Start with one partnership. Doing it well matters more than the number of MOUs you collect. A working relationship with one settlement worker who actually calls you back is worth more than five formal partnership agreements.

Worked example

EXAMPLE — PRACTICE + MULTICULTURAL AUSTRALIA

Goal: Practice wanted to be on Multicultural Australia's list of recommended general practices for newly arrived refugee-background families in Townsville.

Approach: Practice manager identified the local Multicultural Australia office, called and asked who handled health referrals. Met the settlement health worker over coffee. Explained the practice's interest in refugee health, capacity, interpreter arrangements, and what kind of new patient onboarding the practice could offer.

Agreed: Settlement worker would refer 1–2 new families per month initially. Practice would book longer first appointments, arrange interpreters in advance, and warm-handover for any patients who didn't engage. Both parties would meet quarterly for 30 minutes to review how it was going.

Outcome at 6 months: 9 new families onboarded. 2 didn't engage with the practice; settlement worker followed up and found one had moved interstate, one had a difficult first experience that the practice was able to repair. Quarterly meetings revealed reception was occasionally short with patients arriving without translators booked — fix identified and applied.

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FILL IN WITH YOUR TEAM

PRACTICE NAME

DATE

1. THE PARTNER

ORGANISATION

TYPE

KEY CONTACT AND ROLE

HOW WE KNOW THEM (EXISTING, REFERRAL, COLD CONTACT)

2. WHAT WE WANT FROM THE PARTNERSHIP

GOAL IN ONE SENTENCE

WHAT WE HOPE OUR PATIENTS WILL GAIN

WHAT WE CAN OFFER THE PARTNER IN RETURN

Partnerships work better when both sides benefit. Examples: warm onboarding for their clients, GP availability for specific patients, training participation, joint events.

3. HOW WE'LL WORK TOGETHER

ACTIVITY	DESCRIPTION	WHO DOES THIS
Referrals in		
Referrals out		
Communication		
Review meetings		
Joint activities		

FIRST CONVERSATION: WHAT WE WANT TO DISCUSS

4. REVIEW AND ADJUST

FIRST REVIEW DATE

METHOD (PHONE, MEETING, EMAIL)

SIGNALS IT'S WORKING

What will tell you the partnership is delivering value? Few but specific.

SIGNALS IT'S NOT WORKING

What will tell you it's not delivering, and you should change approach or end the partnership?

A NOTE ON FORMALITY

Most useful partnerships in primary care start informally — a phone call, a coffee, a shared spreadsheet. Formal MOUs or service agreements are sometimes needed (for funded work, data sharing, or governance reasons) but are often not. Start light, build trust, formalise only if it adds value.

NEXT STEP

Once the partnership is set up, document the working arrangement somewhere accessible to all staff (shared folder, team handbook). Track referral flow and outcomes through **Appendix 09 (Monthly Snapshot Template)**. If you're strengthening referral pathways more broadly, use **Appendix 16 (Action Plan Template)** to coordinate.