



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

[www.naccho.org.au](http://www.naccho.org.au)

Submission to the  
Second National  
Action Plan under the  
National Disaster Risk  
Reduction  
Framework

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National Recovery and  
Resilience Agency

June 2022

## About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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## Recommendations

### **NACCHO recommends the Second National Action Plan:**

1. comprise dedicated strategies to address the heightened vulnerability of Aboriginal and Torres Strait Islander communities by addressing the social determinants of health (e.g., transport, housing, healthcare, water supply and quality);
2. create partnerships with community-controlled organisations – especially the Aboriginal Community Controlled Health sector – when developing natural-disaster response plans;
3. direct funding to ACCHOs for disaster management preparedness, response and recovery;
4. nominate substantive actions, roles and responsibilities, timeframes and KPIs for initiatives affecting Aboriginal and Torres Strait Islander communities;
5. dedicate significant risk-assessment resources to Aboriginal and Torres Strait Islander communities at the local level;
6. be combined with the National Climate Resilience Strategy (NCRAS) and undertaken by a single agency in collaboration with multiple agencies nationally; and
7. use the National Climate Change Adaptation Research Facility (NCCARF) *Indigenous National Adaptation Research Plan* (INARP) as the basis for a dedicated Aboriginal and Torres Strait Islander climate-change adaptation research program.

## Introduction

NACCHO welcomes the opportunity to provide a submission to the *Second National Action Plan* (Action Plan) under the *National Disaster Risk Reduction Framework* (Framework).

Aboriginal and Torres Strait communities are particularly vulnerable to the impacts of climate change and extreme weather events. This vulnerability arises from the complex interplay between the social determinants of health (the conditions in which people live, work and play), geography, health status and anticipated climate-change impacts.

For example, many Aboriginal and Torres Strait Islander communities, especially those in remote locations, have inadequate health and educational services, deficient infrastructure, including housing, and limited employment opportunities. At the same time, the burden of disease for Aboriginal and Torres Strait Islander people is significantly higher than that of other Australians. Aboriginal and Torres Strait Islander people living in remote areas also face particular challenges relating to housing, environmental health, healthcare access and food costs as a result of weather and environmental changes. The ongoing impact of colonisation, including the persistence of racism, discrepancies in life outcomes and the lack of co-production of public policy and programs with Aboriginal and Torres Strait Islander people, further compound the impacts of climate change.

To adequately respond to these diverse and interrelated factors, there is a need to partner with the broader social services sector to improve outcomes in primary health, social and emotional wellbeing (SEWB), education, employment and housing.

Aboriginal and Torres Strait Islander communities must therefore be considered a priority population when developing strategies to reduce disaster risk. However, neither the Framework nor the First Action Plan set out strategies to address the needs of Aboriginal and Torres Strait Islander communities.

## Strategies to increase the resilience of Aboriginal and Torres Strait Islander communities to climate change and extreme weather

Addressing the social determinants of health that make some Aboriginal and Torres Strait Islander communities more vulnerable to the impacts of climate change will increase resilience. Particular areas to be addressed include improving transport, housing, water supply and prioritising preventative health. Strategies need to consider and build on Aboriginal and Torres Strait Islander community strengths. For example, harnessing the expertise of Indigenous Natural Resource Managers (ranger groups) in adapting biodiversity management to climate change and leveraging attendant social and economic opportunities.

**NACCHO recommends** the Second National Action Plan comprise dedicated strategies to address the heightened vulnerability of Aboriginal and Torres Strait Islander communities by addressing the social determinants of health (e.g., transport, housing, healthcare, and water supply and quality).

## National Agreement – greater involvement of ACCHOs in climate-change planning

In July 2020, the Australian Government, all state and territory governments, and the Coalition of Peaks signed the *National Agreement on Closing the Gap* (National Agreement). The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. All governments have committed to the implementation of the National Agreement's four Priority Reform Areas, which seek to bring about structural change to affect ways in which governments work with Aboriginal and Torres Strait Islander organisations, communities and individuals. The four Priority Reforms are:

### **Priority Reform Area 1 – Formal partnerships and shared decision-making**

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

### **Priority Reform Area 2 – Building the community-controlled sector**

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

### **Priority Reform Area 3 – Transformation of mainstream institutions**

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth-telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

### **Priority Reform 4 – Sharing data and information to support decision making**

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

During the 2019-20 bushfire crisis it became clear that national disaster-coordination arrangements do not appropriately consider or cater for Aboriginal and Torres Strait Islander peoples. Thousands of Aboriginal and Torres Strait Islander peoples in Victoria, New South Wales and the ACT were directly and indirectly affected by the 2019-20 bushfire crisis, with housing, clinics, Aboriginal Community Controlled Health Organisation (ACCHO) facilities and other community buildings being damaged by fire.

During the crisis, NACCHO heard anecdotal evidence of a lack of support provided to Aboriginal and Torres Strait Islander peoples during and after the emergency. This included experiences of racism and discrimination when evacuating and seeking to access emergency support and supplies (including at evacuation centres). These experiences were reflected in NACCHO's submission to the Royal Commission into National Disaster Arrangements<sup>1</sup> as well as a report from the ANU Centre for Aboriginal Economic Policy Research (CAEPR), which found that Aboriginal Australians experienced racism and unfair treatment during the bushfire catastrophe.<sup>2</sup>

As a result, emergency support to Aboriginal and Torres Strait Islander communities affected by the bushfires was largely provided by the Aboriginal Community Controlled Health sector rather than funded agencies. ACCHOs provided this support without the benefit of being involved in emergency response planning, and without the additional funding, resources, staffing or surge capacity provided to mainstream agencies. The report by CAEPR also noted that, the lack of planning involving First

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<sup>1</sup> NACCHO (2020) *Submission to the Royal Commission into National Natural Disaster Arrangements*, ACT, Canberra.

<sup>2</sup> Williamson, B (2022) *Aboriginal Community Governance on the Frontlines and Faultlines in the Black Summer Bushfires*, Centre for Aboriginal Economic Policy Research, 300, p28.

<https://caepr.cass.anu.edu.au/research/publications/aboriginal-community-governance-frontlines-and-faultlines-black-summer>

Nations peoples meant that the response during the Black Summer bushfires was inadequate, ineffective and inappropriate. In the aftermath of the disaster, a lack of much-needed mental health support impacted Aboriginal and Torres Strait Islander people.<sup>3</sup>

**NACCHO recommends** Emergency Services and Rural Fire Services consult with and include ACCHOs in emergency response planning, coordination and interventions. A partnership approach would allow the Aboriginal Community Controlled Health sector to provide valuable advice when setting up evacuation centres, communicating with local Aboriginal and Torres Strait Islander people, and providing resources to communities both during an emergency and in the recovery phase. NACCHO supports the recommendation made by the 2020 Senate inquiry *Lessons to be Learned in Relation to the Australian Bushfire Season 2019-20* that ‘development of the NRRA’s operating principles be undertaken in consultation with Aboriginal and Torres Strait Islander organisations and communities’.<sup>4</sup> Further work is needed, however, to strengthen natural disaster planning with Aboriginal and Torres Strait Islander communities.

In contrast, the high level of collaboration by the National Cabinet and a variety of senior government officials with the community-controlled sector was instrumental in achieving a low number of COVID-19 cases among Aboriginal and Torres Strait Islander people particularly in the early stages of the pandemic.

Disaster preparedness, response and recovery must recognise and fund the crucial role ACCHOs play in supporting their communities in crisis situations. The provision of consistent funding will help ensure the Aboriginal Community Controlled Health sector is able to provide immediate support to communities affected by natural disasters, has the ability to leverage a surge capacity and workforce in support of a response, and can work closely with emergency response services to coordinate a local response.

NACCHO encourages the Commonwealth, State and Territory Governments to direct funding for Aboriginal and Torres Strait Islander health, including social and emotional wellbeing and emergency response, directly to ACCHOs. Consistent disaster relief funding for ACCHOs will also have the added benefit of building the community-controlled service sector, in alignment with the National Agreement on Closing the Gap.

**NACCHO recommends** the Second Action Plan create partnerships with community-controlled organisations – especially the Aboriginal Community Controlled Health sector – when developing natural-disaster response plans.

**NACCHO recommends** the Second Action Plan direct funding to ACCHOs for disaster management preparedness, response and recovery.

### Actions, roles, timeframes and KPIs

NACCHO notes that the Discussion Paper published by the National Recovery and Resilience Agency to support the current consultations does not engage with or assess the effectiveness of the First National Action Plan. This is to some degree understandable given the First National Action Plan contained few substantive new actions, did not nominate roles for new initiatives or set timeframes or establish KPIs. Instead, the First Action Plan largely restricted itself to listing existing national and state and territory programs that had often secondary and limited climate-change adaptation outputs.

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<sup>3</sup> National Mental Health Commission (2021) *Our Stories Beyond the Disaster*  
<https://www.mentalhealthcommission.gov.au/getmedia/5221a681-0530-475b-8396-c8fc51c1ac3d/Our-Stories-Beyond-the-Disaster-Research-Report>

<sup>4</sup> Finance and Public Administration References Committee (2021) *Final Report: Lessons to be learned in relation to the Australian bushfire season 2019-20*, Australian Senate, Canberra.



**NACCHO recommends** the Second Action Plan nominate substantive actions, roles and responsibilities, timeframes and KPIs for initiatives affecting Aboriginal and Torres Strait Islander communities.

## Resourcing

A commitment to the adequate resourcing of climate change adaptation actions in the First National Action Plan was not evident. While the First National Action Plan rightly highlights the vital role of local-community planning and agency, it did not acknowledge that local communities are not resourced to undertake this important work. Planning for natural disasters must begin with risk assessment, which must be local and is expensive. However, both documents spoke only in aspirational terms about risk assessment.

**NACCHO recommends** the Second Action Plan dedicate significant risk-assessment resources to Aboriginal and Torres Strait Islander communities at the local level.

## Duplication with the *National Climate Resilience and Adaptation Strategy* (NCRAS)

NCRAS and the Second Action Plan are potentially a duplication of the same planning process.

**NACCHO recommends** NCRAS and the Second National Action Plan be combined and undertaken by a single agency in collaboration with multiple agencies nationally. The resulting strategy should explicitly address 'climate change adaptation' rather than 'natural-disaster risk reduction'. In this way, strategies can explicitly address impacts on the basis of evolving climate-change science.

## Need to build on the work of the National Climate Change Adaptation Research Facility (NCCARF)

Before being defunded in 2017, NCCARF produced a plethora of vital research and resources, including an *Indigenous National Adaptation Research Plan* (INARP)<sup>5</sup>, authored by Prof Marcia Langton and others.

The INARP, which was never funded or realised, prioritised the following areas for research and strategy development:

1. **Health and Wellbeing** Understanding how climate change and extreme weather events will affect aspects of Indigenous people's physical and mental health. This includes:
  - a) living conditions of Indigenous individuals and households;
  - b) incidence of infectious diseases, including vector- and water-borne diseases;
  - c) extreme weather events;
  - d) heat stress; and
  - e) health services and infrastructure.
2. **Extreme Weather Events** Understanding the capacity of Indigenous individuals, households, communities, businesses and institutions to prepare for, respond to, and recover from, extreme weather events, *and the identification of strategies to enhance this capacity.*
3. **Social Determinants** Understanding how interactions between social, cultural, institutional, economic and biophysical processes make Indigenous individuals, households, communities, businesses and institutions sensitive to climate risks, *and the identification and evaluation of strategies to reduce this sensitivity.*
4. **Households and Institutions** Understanding how and why different Indigenous households and institutions are vulnerable to the impacts of climate change, *and the identification of strategies to reduce this vulnerability.*

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<sup>5</sup> Langton et al (2012) *Indigenous National Adaptation Research Plan*, NCCARF, Gold Coast  
[https://nccarf.edu.au/wp-content/uploads/2019/05/11.027-NCCARF-NARP-INDIG-Websize\\_0.pdf](https://nccarf.edu.au/wp-content/uploads/2019/05/11.027-NCCARF-NARP-INDIG-Websize_0.pdf)

5. **Capacity to Adapt** Understanding the capacity of Indigenous individuals, households, businesses and institutions to adapt to climate change, *and the identification of strategies to enhance adaptive capacity.*
6. **Population Movement** Understanding the relationship between Indigenous population movement and severe climate variation.
7. **Biodiversity Resources** Understanding how the use of marine, terrestrial and freshwater biodiversity resources by Indigenous peoples and groups will be affected by climate change.

The INARP emphasised that its implementation requires significant engagement and partnerships with end users in Indigenous Communities and appropriate government agencies.

**NACCHO recommends** the INARP be used as the basis for a dedicated climate-change adaptation research program.