



Australia's National Institute for Aboriginal
and Torres Strait Islander Health Research

National Health and Climate Strategy consultation submission

Submission to the Department of Health and Aged Care

The Lowitja Institute, July 2023

Health Climate Consultation
National Health, Sustainability and Climate Unit
Department of Health and Aged Care

Dear National Health, Sustainability and Climate Unit,

Re: National Health and Climate Strategy consultation

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Patron, Dr Lowitja O'Donoghue AC CBE DSG. We welcome the opportunity to provide a submission to the Independent Review Panel's NDIS Review.

Climate and Aboriginal and Torres Strait Islander health and wellbeing is a policy priority for Lowitja Institute. Since we held a roundtable and published our discussion paper, *Climate Change and Aboriginal and Torres Strait Islander Health and Wellbeing* in 2021, we have been advocating for further action. We are encouraged by the Department's commitment to working across portfolios on this existential issue and developing a specific strategy to address health and climate.

We are further encouraged by the Department's prioritisation of our peoples' wisdom, knowledge and leadership. We encourage the Department to deeply consider what supporting Aboriginal and Torres Strait Islander leadership and governance looks like. We have made recommendations to this effect. Our peoples' have a long history of caring for country, waterways and seas; we have always understood that when we care for country, country cares for us. When country is sick, so are we. Whilst the focus on emissions reduction in the consultation paper is worthwhile, we encourage the Department to view this issue holistically and give equal weight to preventing and mitigating the severe health impacts caused by the changing climate. Further, we cannot understate the importance of taking a strengths-based approach in this strategy and any associated future actions.

Please find our submission attached. We would welcome the opportunities to further discuss our recommendations therein.

Warm regards



Dr Janine Mohamed
CEO, Lowitja Institute



About the Lowitja Institute

The Lowitja Institute is a national Aboriginal and Torres Strait Islander Community Controlled Organisation working for the health and wellbeing of Aboriginal and Torres Strait Islander peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

The Lowitja Institute has a longstanding commitment to the National Agreement on Closing the Gap, as members of the Coalition of Peaks, National Health Leadership Forum and the Close the Gap Steering Committee, including authoring the Close the Gap Report over the past 4 years.


Based on this experience we offer the following general comments and note some specific issues for consideration.

General preamble

Before responding to the consultation paper, we appreciate that the Department has acknowledged our peoples' roles as Traditional Custodians of country, waterways, and seas. The Department has clearly acknowledged the role that colonisation has played in climate change and the need to include our leadership in the strategy. We encourage the Department to include this acknowledgment in the opening pages of the completed Strategy.

It is important that such an acknowledgment is strength based and notes that despite the traumatic and ongoing consequences of colonisation and institutional racism, we have maintained and continue to develop our sophisticated and diverse cultures and knowledge systems. We have continued to care for country, water and sea. A strength-based approach is important in ensuring that this strategy moves beyond reactivity and enables system transformation in line with a Health in All Policies approach and our peoples holistic approach to health and wellbeing. We must act urgently on health and climate, but we can also use this urgency as an opportunity to improve our society and systems for the better.

It is also important to explicitly note in the strategy that the health inequity imposed on our peoples since colonisation persists to this day, with profound health impacts across multiple generations. As noted in *Climate Change and Aboriginal and Torres*



Strait Islander Health, “Climate change is compounding these historical injustices, increasing inequities and feelings of powerlessness as communities despair over the desecration of their land-, water- and seascapes.”¹ This is a sentiment that Lowitja Institute is seeing first hand in our community engagement.

Colonisation is ongoing in this country; one of its methods was and still is locking our peoples out of decision-making regarding Country (e.g. resource exploration and mining licensing). In this way, we can view climate change as a direct consequence of colonisation and colonial practices and policies. In the most recent International Panel on Climate Change (IPCC) report, the connection between climate change and colonisation was explicitly recognised.

*“Vulnerability of ecosystems and people to climate change differs substantially among and within regions (very high confidence), driven by patterns of intersecting socioeconomic development, unsustainable ocean and land use, inequity, marginalization, **historical and ongoing patterns of inequity such as colonialism, and governance** (high confidence).² (emphasis added)*


Indigenous experts have identified anthropomorphic climate change as an extension of ongoing colonisation and “climate change impacts as the intensification of a sustained colonial process.”³ Addressing climate change therefore requires climate justice, redress, and decolonisation. There is a role that the Strategy can play in this.

Climate change has many health impacts on our peoples; to physical, individual and community health, and to social and emotional wellbeing. There are many indirect impacts because climate change adversely influences many social and cultural determinants of health and wellbeing. For example, forced migration off Country and displacement from home and community can cause significant harm to our peoples’ social and emotional wellbeing. The consultation paper rightly points to this. However, in terms of the objectives and principles outlined in the paper, it is unclear how the strategy will address this.

¹ HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne p. 9.

² IPCC, 2022: Summary for Policymakers [H.-O. Pörtner, D.C. Roberts, E.S. Poloczanska, et.al (eds.)], in: *Climate Change 2022: Impacts, Adaptation and Vulnerability*. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, Cambridge University Press, Cambridge, UK, p. 12.

³ HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne p. 6.



It has also been noted that the solutions to the problem of climate change are not just related to the identified ecological tipping points that are commonly discussed. There are also “relational tipping points” that require consideration:

[W]e need to invest in restoration of relationships – between humans and between humans and our more than human relatives. There is a need to balance urgent and incremental change and ensure action does not perpetuate existing inequities. Climate action, mitigation, and adaptation will not be enough on their own. Climate justice, including the cultural and social determinants of health, must be the goal.⁴

This strategy can play a significant role in the restoration of relationships through enabling and respecting our peoples' leadership. We speak to this below.

Consultation paper questions

Question 1: How could these objectives be improved to better support the vision of the Strategy?


The strategy would benefit from a clearly articulated vision that includes emissions reductions but also looks beyond this. Lowitja Institute encourages a holistic vision that strives to mitigate the short-, medium- and long-term impacts of climate change, and also harnesses opportunities for systemic transformation that would see our peoples and all peoples thrive. We endorse CAHA's Framework for a National Strategy on Climate, Health and Wellbeing and the Health in All Policies (HiAP) approach called for therein – noting that this approach is also included in the consultation paper.

The vision should include Aboriginal and Torres Strait Islander leadership and true partnerships with Aboriginal and Torres Strait Islander peoples, as implied by principles 1 and 6 in the consultation paper.

We recommend that the strategy includes alignment with international human rights frameworks. This includes alignment with and implementation of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),⁵ and the recently

⁴ HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne p. 6.

⁵ See Lowitja Institute's submission to the Australian Human Rights Council regarding Australia's implementation of the UNDRIP: Lowitja Institute 2022, *Inquiry into the Application of the United*



internationally recognised human right to a clean, healthy and sustainable environment. This human right was recognised last year by the UN General Assembly and the UN Human Rights Council in a resolution for which Australia voted in favour.

Further, it is important that the strategy includes a defined scope as to which organisations and structures are included within the strategy. Specifically, are Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services, and other Aboriginal Community Controlled Organisations and Aboriginal organisations included within the strategy? Clarity around the inclusion of our services and organisations is important because when decisions are made, actions are taken and funding is allocated according to this strategy, there is a risk that we are left out.

Question 2: How could these principles be improved to better inform the objectives of the Strategy?

It is encouraging to see the inclusion of Principle 1: First Nations Leadership in the consultation paper: *First Nations knowledge and experience must be central to decision-making on health and climate policy at all levels.*

It is important to note that there is a distinction between collaboration, co-design, partnership, and leadership as these terms are all used in the strategy at various points in reference to Aboriginal and Torres Strait Islander peoples. Ensuring that our peoples' knowledge and experience is central to decision making is not the same as empowering our peoples' leadership. At worst, it could perpetuate harmful unethical extractive practices of policymakers taking and using our peoples' knowledge and wisdom without reciprocity. This harmful approach is often experienced by our communities. To avoid this unintended harmful consequence, the strategy should clearly spell out what First Nations Leadership means as well as how and which objective it supports and how it will be supported.

We recommend that Principle 1 be amended to explicitly include Aboriginal and Torres Strait Islander leadership: *First Nations knowledge, experience and leadership must be central to decision-making on health and climate policy at all levels.* It would also be useful to consider how Principle 1 and Principle 6 interact. As above, it is important to be clear in terminology; if “working closely” means working in partnership, this should be explicitly stated. This would better support each objective.

Nations Declaration on the Rights of Indigenous Peoples in Australia, Submission to the Senate Legal and Constitutional Affairs Reference Committee, accessed on 25 July 2023 at <https://www.lowitja.org.au/content/Image/UNDRIP_submission_Lowitja_Institute_FINAL.pdf>.



The Department can refer to the former Department of Environment and Energy's guideline on this,⁶ which was developed in 2019.

We also encourage the Department to review the objectives themselves. **We recommend that the Department include an objective that works towards Aboriginal and Torres Strait Islander leadership**, rather than this being a guiding principle alone. For example, Objective: Aboriginal and Torres Strait Islander peoples are actively involved in leading action on health and climate at all levels of government, including having decision making powers, developing and implementing policy and programs, and making funding decisions. This would ensure the development of tangible actions that empower our leadership.

We also recommend including a strength-based objective of system transformation and preventative healthcare that harnesses opportunities in a proactive manner to fundamentally improve our health system.

Lowitja Institute operates on the principle of evidence-informed policy making and we are therefore pleased to see the inclusion of proposed principle 5. However, we caution that a cost-effectiveness analysis can sometimes lead to inequitable decision-making. It is vital that our peoples are included in such decision-making processes and that decision making not just considers, but prioritises upholding our peoples' rights under the UNDRIP.

Further, building a comprehensive evidence base requires investment in Aboriginal and Torres Strait Islander led research. This research should align to an Aboriginal and Torres Strait Islander research agenda. To ensure that the evidence base is inclusive of our knowledge, wisdom and expertise, **we recommend dedicated funding for a specific Aboriginal and Torres Strait Islander research agenda and for a specific funding stream for Aboriginal and Torres Strait Islander researchers to engage in projects looking at health and climate.** We suggest engaging with Lowitja Institute to do this work as this is our area of expertise and we have significant experience in developing research agendas that are led by our communities. This would help to inform priorities and drive strategic action. The proposed principle 5 in the consultation paper promotes evidence-informed policymaking, and this would enable such an approach, as well as support proposed principles 1, 2, 3 and 4.

⁶ Department of Environment and Energy 2019, Partnering with Indigenous organisations for a sustainable environment, Commonwealth of Australia, Canberra accessed on 24 July 2023 at <<https://www.dcceew.gov.au/sites/default/files/documents/partnering-indigenous-organisations-guide.pdf>>

Question 3: Which of the various types of greenhouse gas emissions discussed above should be in the scope of the Strategy's emission reduction efforts?

We agree with the inclusion of scope 1, 2 and 3 emissions within the strategy.

Question 4: What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

Firstly, there are a broad range of policies and programs funded at the commonwealth level that have various strategies sitting within them. We encourage the Department to look more broadly for alignment with this strategy, beyond health. This is consistent with the Health in All Policies approach. For example, policy relating to workforce, housing, and land management are all relevant to health and climate.


It is positive that the consultation paper includes reference to the National Agreement on Closing the Gap (National Agreement) and Priority 7 of the National Aboriginal Health Plan. It is important to note however, that the National Agreement on Closing the Gap has little direct relevance to climate. While the changed climate will continue to significantly impact on the socioeconomic targets and the priority reforms will assist in mitigating this, it would be useful to spell out the connection being made to the National Agreement in the strategy.

Further, as climate change does have such a significant impact on our peoples' health and wellbeing,⁷ we **recommend the inclusion of a specific target relating to health and climate in the Closing the Gap targets**. To ensure our peoples leadership in relation to this, **we also recommend a new policy partnership** on health and climate.

Aboriginal and Torres Strait Islander peoples' approach to health and wellbeing is holistic, placing equal emphasis on physical, social, emotional and cultural wellbeing, which are interconnected.⁸ Policy relating to climate, country, waterways

⁷ HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne.

⁸ Salmon et al., 2019, *Defining the indefinable: descriptors of Aboriginal and Torres Strait Islander Peoples' cultures and their links to health and wellbeing*, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, Canberra, p. 1.



and seas also needs to be understood through this holistic lens, which centres culture, community and Country. Our peoples understand individual and community health as intrinsically connected to the health of country, waterways, seas.

Principle 4: One Health, outlined in the consultation paper opens space for this type of understanding in policymaking. Our peoples have had this approach for millennia and our leadership can ensure policy approaches align with this.

Further, it is widely acknowledged by Aboriginal and Torres Strait Islander experts and peak health organisations that 'social and cultural determinants' impact significantly on the health and wellbeing of our peoples and communities. These factors are key to closing the gap on our peoples' health and wellbeing outcomes, which has been acknowledged by the National Agreement on Closing the Gap 2021.⁹

Our culture comes from our lore, a very deep and sacred place. The cultural determinants of our health provide many of the remedies for Aboriginal and Torres Strait Islander health equity and these determinants should be respected, understood and embraced by all.

June Oscar, Aboriginal and Torres Strait Islander Social Justice Commissioner 2020


We recommend that the strategy acknowledge the cultural, social, environmental and political determinants of health and wellbeing and they ways that they uniquely apply to our peoples in the context of health and climate.

Further, another important practice to align with relates to research and data. We note that the consultation paper implies that the strategy will commit to 'First Nations data sovereignty'. However, it is unclear what is meant by this.

Indigenous Data Sovereignty (ID-SOV) is a specific term that "refers to the right of Indigenous people to exercise ownership over Indigenous Data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous Data."¹⁰ This is an internationally recognized term and it is not interchangeable with other terms. The inclusion of "First Nations data sovereignty" adds no value to the strategy.

⁹ It is worth noting that there is no specific target for disability in the National Agreement on Closing the Gap 2021. Some Aboriginal and Torres Strait Islander Stakeholders –the First Peoples' Disability Network is a leading voice – are calling for a disability-specific target.

¹⁰ Maim nayri Wingara n/d, *Defining Indigenous Data Sovereignty and Indigenous Data Governance*, accessed 10 July 2023 at <<https://www.maiamnayriwingara.org/definitions>>



Additionally, **Indigenous Data Governance** (ID-GOV), is another specific term, which refers to “the right of Indigenous peoples to autonomously decide what, how and why Indigenous Data are collected, accessed and used. It ensures that data on or about Indigenous peoples reflects our priorities, values, cultures, worldviews and diversity.”¹¹

Both are vital to ensuring ethical data practices. It is important to note that Priority Reform 4 under the National Agreement on Closing the Gap does not commit to ID-SOV. However, many of our leaders and experts are actively advocating for government departments to take up ID-SOV and ID-GOV practices. This was discussed at the recent National Indigenous Data Governance Summit hosted by Maïam Nayri Wingara, Lowitja Institute, and the Australian Indigenous Governance Institute.

We recommend that the Department lead the way by including ID-SOV and ID-GOV in the strategy as guiding principles and non-negotiable components of related data ecosystems and processes. The strategy should focus on how to create a data ecosystem that looks at health and climate holistically, in line with these principles and practices. This connects with workforce, leadership and training (enabler 1), because there is a need for increased funding for Aboriginal and Torres Strait Islander peoples to be involved in this work. For example, the Aboriginal and Torres Strait Islander investigators could be trained and employed to be on Country, assessing how it is changing and reporting on this through Aboriginal and Torres Strait Islander led research programs.

For guidance on how to implement these important principles, Maïam Nayri Wingara has done some excellent work in this space. Lowitja Institute has also developed an Indigenous Data Sovereignty Assessment and Evaluation Toolkit to support researchers, governments, and communities, to strengthen community control use and protection of Aboriginal and Torres Strait Islander data and information. Further, solutions need to be driven locally; the strategy should be promoting place based and community led approaches.

There are also Aboriginal and Torres Strait Islander academics and environmental scientists, community leaders and health experts who are already speaking out. The strategy should ensure that policymaking centers their voices and includes their leadership.

As noted above, the Department can refer to the former Department of Environment and Energy’s 2019 partnerships guideline.

¹¹ Maim nayri Wingara n/d, *Defining Indigenous Data Sovereignty and Indigenous Data Governance*, accessed 10 July 2023 at <<https://www.maiamnayriwingara.org/definitions>>

Question 5: What types of governance forums should be utilized to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

It is important to recognise that this is an important goal that cannot be fully realised in the first iteration of the strategy. This is why it is important to include our peoples' leadership as an outcome and actively work towards it.


We strongly support the co-design of this strategy. However, this is a challenge in practice because there is an issue of double handling and over-consulting our communities on issues relating to climate, health and the intersection. It is therefore important to ensure that the strategy taps into existing governance forums, such as the Coalition of Peaks; although, we note that the Coalition is not a directly relevant forum. There is no specific forum at present that is Aboriginal and Torres Strait Islander led and resourced to focus on health and climate – this is a huge governance gap that needs to be filled.

There are a range of jurisdictional bodies, networks, groups and organisations, which include Aboriginal and Torres Strait Islander experts and community leaders that are working on health and climate, or which are working tangentially. However, these individuals and groups are so stretched and under-resourced, there needs to be a streamlined process for meaningful engagement that does not over-burden.

Engagement needs to be done with key principles of:

- ⌚ Respect
- ⌚ Accountability (there needs to be meaningful action, not just listening)
- ⌚ Deep listening
- ⌚ Cultural safety
- ⌚ Resourcing their engagement

Lowitja Institute is already in the process of engaging with Aboriginal and Torres Strait Islander peoples nationally and we are assessing the feasibility of a national governance body, such as a national Aboriginal and Torres Strait Islander Coalition on Health and Climate. Lowitja Institute has invested significant time and resources into this project, including future plans to publish a policy position paper, establish a business case and proposed design, and hold a national roundtable on the topic later this year. The more that we engage with our communities, the stronger our conviction becomes that such a body would significantly enhance our peoples' voices and leadership on this important policy issue.



Such a body could work alongside government and the Department to co-design the Strategy, as well as other policy documents, and implementation. It could work to ensure that government policy on health and climate aligns with other Aboriginal and Torres Strait Islander policies.

We recommend committing funding for the establishment and operation of a Coalition or like body a body that is designed and led by Aboriginal and Torres Strait Islander peoples. We also recommend that the Department engage directly with Lowitja Institute about the establishment of a Coalition or like body.

There is also a need for specific governance regarding data, as noted above.

Question 8: What do you think of these proposed focus areas for emissions reduction? Should anything else be included?

We strongly agree with the inclusion of prevention and optimising models of care as a proposed focus area.

An additional area to consider is food production. Traditional food sources in Australia are often low emissions options. Investment into and support for the Aboriginal and Torres Strait Islander led development of a traditional food sources economy would benefit Aboriginal and Torres Strait Islander health and wellbeing, and would have broader benefits for the whole population, as well as reducing emissions.

Another area for emissions reduction is local service provision. This connects-up with travel but it is broader than this. Keeping services local benefits Aboriginal and Torres Strait Islander peoples, especially those in regional, remote and rural communities.

There is also a need for workforce development and capability building for Aboriginal and Torres Strait Islander peoples working in this space. For example, for local ACCHOs to implement emissions reduction activities, they require internal capability building for all staff as well as people with specialist knowledge within the organisation to provide advice and assist with implementation. The success of any emissions reduction in the sector will depend on this.

Question 9: Which specification areas should be considered relating to the built environment and facilities

(including energy and water), over and above any existing policies or initiatives in this area?

ACCHOs and AMSs are already stretched for resources. Easily accessible specific funding for the renovation or construction of energy efficient buildings would be beneficial. For example, we saw during the early years of the COVID-19 pandemic how ill-suited many organisations' buildings and facilities were. Organisations tried to create safer environments for staff through reactive renovations. In Victoria, for example, grants were made available.

A significant difference, in the case of health and climate, is that we already know what some of the impacts will be (e.g. increased air pollution) and organisations can plan accordingly. Specific funding for this would support organisations to be proactive.


Question 14: Which specific action areas should be considered relating to prevention and optimizing models of care, over and above any existing policies or initiatives in this area?

There is a big opportunity for prevention if we can understand and mitigate the impacts that the changed climate has and will have on the social and cultural determinants of health and wellbeing for our peoples. We note that cultural and environmental determinants are included under the paper's discussion about a Health in All Policies, however it is important to tie these directly to prevention as well. Aboriginal and Torres Strait Islander leadership will enable this.

We also recommend increased funding for the National Aboriginal Health Plan and for ACCHOs who do vital preventative health work in their communities.

Another worthwhile initiative to consider is to fund the establishment of Aboriginal and Torres Strait Islander led community healing centres that can support whole communities before, during and after times of crisis, such floods or fires. These centres would provide safe places for whole communities in easily accessible and safe locations. For example, the Northern Rivers Community Healing Hub played a key role in supporting the local community after the recent floods.¹²

¹² University of Melbourne 2022, *Northern Rivers Community Healing Hub*, accessed on 24 July 2023 at <https://mbspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/indigenous-health-equity-unit/research/appraise-grant/activities/northern-rivers-community->



The Healing Foundation already supports 13 Indigenous Healing Centres nationally. A cost-benefit analysis conducted by Deloitte Access Economics found that these centres provide significant savings for government in terms of savings from reduced incarceration.¹³ Lowitja Institute is confident that Healing Centres would also provide savings to government by increasing community resilience building, providing post-event trauma support, and by acting as central hubs where community members can access services and supports. These centres could also support communities with mitigation and adaptation planning.

Question 17: What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

As recommended above:

- ⊗ Commit to ID-SOV and ID-GOV in this strategy.
- ⊗ Work with Lowitja Institute and commit funding for the establishment and operation of an Aboriginal and Torres Strait Islander Coalition on Health and climate, or like body.


Question 18: What health impacts, risks and vulnerabilities should be prioritized for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

Priorities should be determined by communities at the local level. As noted above, communities are being over consulted on this issue, so there is a need to resources communities, and for a centralized governance process where community representatives can represent their community priorities in one forum.

There is a need to consider long term health impacts as well as short and medium term. Involving community in adaptation planning that includes short, medium and

[healing-hub](#); Sandra Fulloon 2022, *The Indigenous trauma specialists working to ease a growing mental health crisis in flood-affected NSW*, SBS, accessed on 24 July 2023 at <<https://www.sbs.com.au/news/small-business-secrets/article/the-indigenous-trauma-counsellors-working-to-prevent-a-mental-health-crisis-in-flood-affected-nsw/c5map6g1f>>

¹³ Healing Foundation 2014, *Prospective Cost Benefit Analysis of Healing Centres*, accessed on 24 July 2023 at <<https://healingfoundation.org.au/app/uploads/2017/01/CBA-final-SINGLES-for-screen.pdf>>



long term planning is essential. Adaptation should also be expanded to harness opportunities for the healing and regeneration of country. There are also opportunities here for workforce development and economic improvement within impacted communities. Communities would benefit from capability building to enable them to plan.

Local ACCHOs and AMSs should be funded to develop adaptation plans, including the funding of specific roles within organisations to do this, as well as towards reducing emissions, and advising on health and climate policy. There should be emergency funds easily available to these services so that they can continue operations and deliver vital and flexible services to community when there are climate related extreme weather events and disasters, such as floods.

We also encourage the strategy to not just look at prioritisation of specific vulnerabilities, but also to elevate and include strengths. For example, our peoples have shown great adaptability, ingenuity and innovation in responding to recent events, such as the NSW floods. A strengths-based approach is important so that the strategy can move away from reactivity and become a blueprint for positive system transformation.