



**DANA** Disability Advocacy  
Network Australia

**National Health and Climate Strategy  
Submission**

**Disability Advocacy Network Australia**  
July 2023

## About DANA

DANA is the national representative body for a network of independent disability advocacy organisations throughout Australia.

### Our Vision

DANA's vision is of a nation that includes and values people with disabilities and respects human rights for all.

### Our Purpose

DANA's purpose is to **strengthen, support and provide a collective voice for independent disability advocacy organisations across Australia** that advocates for and with people with disability.

We achieve this by

- promoting the role and value of independent disability advocacy
- providing a collective voice for our members
- providing communication and information sharing between disability advocacy organisations
- providing support and development for members, staff and volunteers of disability advocacy organisations
- building the evidence base to demonstrate the value of disability advocacy
- promoting the human rights, needs, value and diversity of people with disabilities

July 2023

To the Department of Health and Ageing

Thank you for the opportunity to submit a submission to the National Health and Climate Strategy Consultation Paper.

DANA and our members are on the frontline of dealing with the impacts of climate change for people with disability, their families and supporters. In addition, our members, independent disability advocacy organisations, play a vital role in connecting people with disability with government services and systems, particularly in a crisis or disaster.

People with disability are disproportionately impacted by climate change and have a wide range of significant gaps in health-related indicators, with some people with disability dying decades younger than other Australians. People with disability are also significantly impacted by climate related issues, such as excessive heat, mental health and respiratory illnesses.

DANA is calling for people with disability to be a priority cohort for the implementation of the National Health and Climate Strategy, with independent advocacy organisations resourced to undertake preventative and proactive work in communities.

I have also included our discussion paper about Fires, Floods and COVID for the NDIS Review for your attention.

I would be pleased to speak with you further about these matters at your earliest convenience.

Kind regards

A handwritten signature in black ink, appearing to read 'Jeff Smith', with a stylized flourish at the end.

Jeff Smith

CEO, DANA

[jeff.smith@dana.org.au](mailto:jeff.smith@dana.org.au)

## Introduction

People with disability face increased risks to their health and wellbeing from the impacts of climate change. It is crucial that this increased exposure is managed and resourced properly with adequate services and supports, including for independent disability advocacy,

The National Health and Climate Strategy rightly names people with disability and pre-existing health conditions as more at risk from the impacts of climate change. However, the labelling of people with disability as vulnerable fails to acknowledge the causes of that vulnerability – namely, the barriers to accessible, equitable and timely services and supports to manage the increased climate risk.

In addition, people with disability have significant expertise and knowledge about climate change impacts and mitigation and are already working in their communities to innovatively respond to disasters, implement preventative measures and set up systems for the future. The leadership of people with disability will be vital in ensuring a successful implementation of this Strategy.

The principles outlined need to include the leadership and expertise of the communities most impacted by climate change and recognise the capacity and resources of those communities to lead responses.

For First Nations people with disability, climate change and health work needs to align with associated work being implemented by First Peoples Disability Network through the Closing the Gap Sector Strengthening process. FPDN must be included and leading in developing responses to climate and health.

### Feedback to questions

**Q1.** The objectives of the Strategy need to include the impact of climate change, not just measuring greenhouse gas emissions, such as increased temperatures, increased continuous days of increased temperature, and health impacts from these impacts, such as increased hospitalisations and GP visits.

In addition, measurement needs to consider and benchmark existing health inequalities for many people with disability, including intersectional factors.

**Q2.** The principles should include acknowledgement of the strengths, knowledge and expertise of affected communities, and their leadership in developing and implementing solutions.

**Q5.** FPDN must be included and lead co-design for First Nations people with disability.

## **Proposed Objective 1: Measuring health system greenhouse gas emissions**

It is not clear from the Strategy if the disability support system, including disability advocacy organisations are to be included in any proposed greenhouse gas emissions monitoring or reporting efforts.

Some disability services are large organisations, equivalent in size to aged care facilities and health services. In addition, disability advocacy organisations, while much smaller in size, will need significant resources to manage any new reporting or monitoring programs.

## Proposed Objective 2: Mitigation

People with disability can play a key role in reducing emissions. It is also imperative that governments at all levels lead on emissions reductions, as opposed to putting the onus on people to make changes at an individual level. The focus areas to reduce emission include many that people with disability both use and operate; however, it is unclear whether the needs of people with disability have been considered.

Services and supports that people with disability use, including mainstream and disability-specific, emit greenhouse gas emissions. It is unclear what incentives will be provided to disability facilities to improve emissions and transition to renewable energy.

People with disability face barriers in accessing much of the current built environment, including housing, public facilities and transport. Health care services also are often inaccessible. This must be addressed as part of any changes to building design and construction done to mitigate against climate impacts.

If accessibility barriers are not reduced, people with disability and older people face a future stranded and isolated away from public infrastructure, making climate mitigation even harder to achieve.

Many homes that people with disability live in, including legacy group homes, boarding houses, hostels and even new Specialist Disability Accommodation, do not have any measures in place to mitigate against climate change impacts. It is vital that these homes are resourced to include climate measures.

People with disability use infrastructure in different ways to non-disabled people and need different solutions to ensure that we can get around in a low emissions environment.

### Travel and transport

Active transport to healthcare, as outlined in the Strategy, excludes many people with disability and older people, who rely on private vehicles as public transport remains significantly inaccessible.

Urgent action on meeting accessible transport standards is needed as part of any active transport strategy, that includes provision for some people with disability and older people to continue to use vehicles.

Existing public transport and public space isn't accessible, affordable or available for many disabled and older people. A less emissions intensive transport system also needs to be a more accessible and affordable one.

In addition, the Disability Resource Centre surveyed people with disability<sup>1</sup> about the barriers they found when using public transport. They included:

- Lack of accessible, timely information, particularly about accessible services, and service changes
- Poor public attitudes, including harassment and abuse

---

<sup>1</sup> <https://drc.org.au/wp-content/uploads/2018/11/drc0001-transport-report-online.pdf>

- Limited availability, accessibility and cost of ride share and commercial passenger vehicles
- Inaccessibility of infrastructure.

Many people with disability talked about how important access to transport is for seeing friends and family and accessing the community.

The ABC surveyed<sup>2</sup> train stations around Australia and found nearly half were inaccessible. Trains themselves are often inaccessible, including because of the behaviour of non-disabled transport users. People with disability with diverse access needs find public transport currently incredible hard to use.<sup>3</sup>

Many people with disability and older people use a range of innovative transport solutions that already address barriers, such as community transport, on-demand transport or ride-share vehicles. These need to be incorporated into any sustainability vision, and their design led by those who use them.

Melissa Parker writes for Greenpeace UK<sup>4</sup> that:

“Disabled public transport users report inaccessible services, poor customer service, including abuse and comments about the inconvenience of making accommodations, negative attitudes from drivers, and a lack of up-to-date information. The situation has worsened recently, as people with hidden disabilities are condemned for being unable to wear a mask. Such incidents have become normalised within our society and internalised by disabled people.”

There are also existing accessibility standards<sup>5</sup> that have been developed by and with people with disability, with specific measures for particular transport users.

People with disability and older people use public space and public transport differently to non-disabled people and often need different infrastructure to be prioritised. Footpaths that are well-maintained and include curb cuts are essential for anyone using a mobility device such as a scooter or wheelchair. Regular and accessible seating is important to include in any vision for a more walkable place, as well as thinking about different paces and ways of walking and moving. There needs to be room for slow walkers, people who roll or limp or lurch, and people who need regular and frequent rest.

## Supply chains

Procurement by governments is a powerful tool to incentivise and reward social and environmental outcomes. However, many current procurement settings include incentives to use suppliers who pay people with disability sub-minimum wages as low as \$2.70 per hour.

---

<sup>2</sup> <https://www.abc.net.au/news/2023-01-16/australia-misses-20-year-public-transport-accessibility-target/101858532>

<sup>3</sup> <https://cid.org.au/resource/position-statement-on-transport/>

<sup>4</sup> <https://www.greenpeace.org.uk/news/transport-disabled-people-passengers-rights/>

<sup>5</sup> <https://www.industry.gov.au/building-and-construction/premises-standards;>  
<https://www.infrastructure.gov.au/infrastructure-transport-vehicles/transport-accessibility>

DANA joins with Inclusion Australia<sup>6</sup> and people with disability and their families calling for an end to sub-minimum wages for people with disability.

Action to reduce plastic waste can have a negative impact on people with disability who may rely on a range of products for essential functions and hygiene. People with disability have reported negative impacts<sup>7</sup> from regulatory changes<sup>8</sup> to remove easy access to single use plastics, and significant care needs to be taken to ensure that these impacts are reduced.

## Medicines and gases

Many people with disability rely on a wide range of medicine, including those that are delivered by inhalation. Any changes to systems and availability must be co-designed with people with disability. There must not be a negative impact on people with disability, including people with chronic conditions.

## Waste

See the discussion on supply chains.

## Prevention and optimising models of care

Many people with disability experience significant barriers to accessing healthcare, including preventative healthcare and screening. People with an intellectual disability<sup>9</sup>, First Nations people with disability and other marginalised people with disability<sup>10</sup> face even higher barriers.

Any changes to healthcare and screening delivery needs to address these existing service gaps and accessibility for people with disability, and also ensure that people with disability are not further disadvantaged by them.

## Feedback to questions

**Q8.** Disability specific services and supports need to be included as eligible for emissions reductions incentives, but also resources to implement this.

Accessibility, transport standards, and resources to improve access must be included in any transition to using more active transport to access healthcare.

**Q9.** Homes for people with disability need to be included for mitigation efforts, and accessibility improvements incorporated in all mainstream services in any transitional building program.

---

<sup>6</sup> <https://www.inclusionaustralia.org.au/submission/equal-pay-equal-rights/>

<sup>7</sup> <https://theconversation.com/banning-straws-might-be-good-for-the-planet-but-bad-for-people-with-disability-or-swallowing-problems-what-is-eco-ableism-199183>

<sup>8</sup> <https://www.abc.net.au/news/2022-08-07/plastic-straw-ban-prepared-meals-shame-people-disability-recycle/101303934>

<sup>9</sup> <https://www.health.gov.au/our-work/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability>

<sup>10</sup> <https://www.tandfonline.com/doi/abs/10.1080/09687599.2020.1815523?journalCode=cdso20>



**Q10.** Action to address accessible transport barriers must be included in any climate related transport investment and funding. Active transport programs and policies need to be co-designed with people with disability.

**Q11.** Consider the needs of people with disability when making changes to supply chains, including action against sub-minimum wages.

**Q12.** Consult and co-design any changes with people with disability.

**Q13.** Consult and co-design any changes with people with disability.

**Q14.** Address existing service gaps for people with disability as part of improving prevention and optimisation of care services.

## Proposed Objective 3: Adaptation

People with disability are often one of the most impacted communities due to climate-related disasters. Recently, DANA has commissioned and published a paper for the NDIS Review, called Fires, Floods and COVID-19,<sup>11</sup> which is attached to this submission. In this paper, we say:

“The disability community has been one of the groups most impacted by these disasters, particularly from poor disaster planning, response and reconstruction. Not only are people with disability at greater risk of death and injury during a disaster, but the Disability Royal Commission (DRC) also found that during COVID-19, people with disability were at greater risk of violence, abuse, neglect and exploitation.<sup>12</sup>”

In times of disaster, disability advocacy organisations provide crucial support to people with disabilities, helping them regain access to vital services, navigate crisis-ridden systems, and develop accessible communication materials. However, this assistance significantly increases the organisations' workloads and poses financial and long-term sustainability challenges due to inadequate funding.

However, it is possible to address the current failures and put in place solutions that uphold the human rights of people with disability and focus on centring the voices of people with disability and their experiences during disaster events. Governments at all levels must include people with disabilities in their disaster planning, response, and reconstruction processes. Most importantly, it is essential to increase access to Person-Centred Emergency Planning, which can prevent many issues from arising during a disaster event.”

We have recommended to the NDIS Review the following:

- Establish a Disability Disaster Management Centre
- Invest in Person-Centred Emergency Planning
- Flexible use of NDIS funds during disasters
- NDIA to develop a Workforce Disaster Surge Plan
- Specific disaster funding stream for advocacy organisations
- Strengthening safeguards

Further recommendations will be developed through workshops and surveys and delivered to the NDIS Review in August 2023.

DANA agrees that specific consideration should be given to emergency responses for people with disability, including through Australia's Disability Strategy Emergency Management Targeted Action Plan<sup>13</sup>.

---

<sup>11</sup> <https://www.dana.org.au/wp-content/uploads/2023/07/DANA-Discussion-Paper-NDIS-Review-Fire-Floods-COVID-2023.pdf>

<sup>12</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, (2020), Commissioners' Report on Public hearing 5: Experiences of people with disability during the ongoing COVID-19 Pandemic, <https://disability.royalcommission.gov.au/system/files/2020-11/Report>

<sup>13</sup> <https://www.disabilitygateway.gov.au/sites/default/files/documents/2021-12/1991-tap-emergency-management.pdf>

Aotearoa New Zealand has developed a Health Strategy for Disabled People,<sup>14</sup> bringing together all aspects of health for all communities of people with disability. This would be a significant achievement in an Australian context to deliver the same kind of strategic focus to the health of people with disability, including during climate events.

People with disability also experience specific negative health outcomes from climate related events, such as excessive heat. Specific measures to improve access to cooling are vital for people with disability.

In addition, the experiences of many people with disability identified significant gaps in the existing capacity of the government health responses. The Disability Royal Commission recommended after Public Hearing 5<sup>15</sup> that:

The Australian Government Department of Health should ensure that an appropriately resourced unit or team has specific responsibility for developing plans and programs to protect the health and wellbeing of people with disability, including during emergencies such as the COVID-19 pandemic. This unit should be responsible for coordinating health and disability responses to emergencies such as the COVID-19 pandemic. The unit should operate in addition to the Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability and should work closely with that Committee.

It is unclear if this recommendation has been actioned but would be an appropriate recommendation to include in the development of this Strategy.

## Feedback to questions

**Q18.** The health impacts of climate change and related events need to be included in the appropriate Targeted Action Plans under Australia's Disability Strategy, with specific actions co-designed with people with disability. In addition, consideration should be given to developing a specific health strategy for people with disability overall, and to develop a specific Climate Change Targeted Action Plan.

Independent disability advocacy organisations need additional resources to manage climate related events, including doing preventative and proactive work with people with disability in their communities before, during and after a disaster.

Any development of a National Health and Vulnerability and Adaptation Assessment and a National Health Adaption Plan must be co-designed with people with disability, families, supporters and our organisations.

**Q19.** The findings of the two COVID public hearings<sup>16</sup> from the Disability Royal Commission need to inform any nationally consistent approach to vulnerability assessment and adaption

---

<sup>14</sup> <https://www.health.govt.nz/new-zealand-health-system/pae-ora-healthy-futures-all-new-zealanders/pae-ora-strategies/health-disabled-people-strategy>

<sup>15</sup> <https://disability.royalcommission.gov.au/system/files/2020-11/Report%20-%20Public%20hearing%205%20-%20Experiences%20of%20people%20with%20disability%20during%20the%20ongoing%20COVID-19%20pandemic.pdf>

<sup>16</sup> <https://disability.royalcommission.gov.au/public-hearings/public-hearing-12>

planning and be co-designed with people with disability and in harmony with the work of the National Disability Data Asset. People with disability were left out of much of the early responses to COVID because our needs were not routinely collected or measured in the health system. This needs urgent action as part of any work to monitor vulnerability, that must be done with people with disability. The Plan would be welcome, if developed carefully and with communities affected, and taking into account the recommendations from the Disability Royal Commission about COVID-19.

## Proposed Objective 4: Health in All Policies

A Health in All Policies needs to include and recognise the significant barriers people with disability face to accessing healthcare in the current system.

In addition, the social determinants of health for people with disability research reveals very substantial impacts of access gaps in a wide range of public services. Academics found “the environments people live, work and interact in like their housing, employment and education, have been shown to be more important for good health than having access to health services, yet these areas are often neglected in policy for people with disability.”<sup>17</sup>

The Australian Institute of Health and Welfare<sup>18</sup> also found that:

‘Some people with disability experience difficulties in accessing health services, such as unacceptable or lengthy waiting times, cost, inaccessibility of buildings and discrimination by health professionals. They may also experience issues caused by lack of communication between different health professionals treating them.’

A Health in All Policies approach could begin to address some of these barriers and gaps. It may also be worth considering the developing of a specific health strategy for people with disability, including linking with Australia’s Disability Strategy.

The Disability Royal Commission found that people with disability were not considered in the Federal Government’s response to COVID-19, identifying a significant gap in the existing Health Department. The Commission also made a number of recommendations to address this gap that should be addressed as part of this Strategy.

### Feedback to questions

**Q22.** A Health in All Policies approach needs to align with Australia’s Disability Strategy, and include the needs of people with disability with an intersectional lens.

---

<sup>17</sup> Celia Green, Helen Dickinson, Gemma Carey & Andrew Joyce (2022) Barriers to policy action on social determinants of health for people with disability in Australia, *Disability & Society*, 37:2, 206-230, DOI: [10.1080/09687599.2020.1815523](https://doi.org/10.1080/09687599.2020.1815523)

<sup>18</sup> <https://www.aihw.gov.au/reports/disability/access-health-services-disability/contents/content>

## Enablers

People with disability, families, supporters and organisations, including disability advocacy organisations, are already leading programs and work in community about climate change. They are also leading disaster responses, using the specific problem solving and innovative skills that people with disability excel in.

So an enabler of climate change action in the health system is the leadership of people with disability, in all aspects of the Strategy.