Masters of Health by Research

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"How can International US Health and Indigenous Foundations build their capacity to fund health in remote and rural Australian Indigenous communities?"

BA Welfare Studies

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Abstract

This study explores the capacity of the United States (US) Foundation's international health investment to remote and rural Australian Indigenous people. It does this primarily through the application of appreciative inquiry tools to the 'giving' culture within US Foundation's venture philanthropy. It examines the US and Australian philanthropic hegemonic history to provide a reference point for exploring what greater cross-cultural engagement could mean to US Foundation's international Indigenous health giving.

There is much evidence of lower life expectancy by remote and rural Australian Indigenous people. Deserving Indigenous grantseeker's projects that seek holistic health including human rights are not resonating with US Foundations. Indigenous people's environmental stewardship and actions to progress reconciliation and restoration lacks true recognition. While the common practice of US grantmakers co-opting Indigenous grantseekers to become more culturally homogenous with the rest of society is disturbing.

There is little research on the hegemonic ideology behind venture philanthropy's health funding agenda of public health

disease intervention through social entrepreneurship models. This is concerning as it promotes the rhetoric that international intermediaries administration is more efficient than direct funding. In light of such systemic anomalies, a suggested way forward is for US Foundations to return to catalyst funding principles of change through health promotion projects. New Shared Indigenous Giving Principles and a Compact of Understanding were created as examples for peak Indigenous philanthropic organisations like Philanthropy Australia and International Funders of Indigenous People for possible inclusion in their health promotion strategy of building capacity through education and advocacy.

The study's outcomes also suggest a First Nation's Entrepreneurship as a new type of entrepreneurship, a way forward that could bridge venture philanthropy's driver style to a return to partner and catalyst philanthropy. It could reside alongside social entrepreneurship, increasing Indigenous health funding that values Indigenous holistic aspects for health including human rights as Social Entrepreneurship does for social justice rights. This vision could warrant further research on social entrepreneurship synchronicity with the Bangkok Charter for Health Promotion in a Globalised World and the Social Determinants of Health.

Certification of Dissertation

The work contained in this dissertation is my bona fide work, has not been previously submitted for an award and, to the best of my knowledge and belief, contains no material previously published or written by another person except where due acknowledgement and reference is made in the discussion to that work.

Signature:

Date:

Supervisor:

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In our African language we say, "a person is a person through other persons." I would not know how to be a human being at all except I learned this from other human beings. We are made for a delicate network of relationships, of interdependence. We are meant to complement each other. Not even the most powerful nation can be completely self-sufficient.

- Desmond Tutu

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Chapter 1 Introduction

This study is the outcome of an Australian health grantseeker's cultural encounters with United States (US) grantmakers in the USA wherein it became apparent that significant investment opportunity exists to address the dire health condition of remote and rural Australian Indigenous people. If correct, this latent capacity posed the problem as to what impeded Australian Indigenous people to link to US grantmakers. Cursory analysis and reflection suggested a lack of effective engagement best explained this disconnect. The prospect of unravelling these insights, to better enable Australian Indigenous people, warranted further review.

This chapter outlines the strategic and operational considerations behind the proposition that there exists much capacity by US grantmakers to fund international Indigenous health projects.

1.1 Background

At the Council on Foundation's 56th Annual Conference in Pittsburgh USA in 2006, inquiries were made of representatives of several large international Foundations as to why Australian Indigenous people do not receive much of the $4.2 billion given to international philanthropic projects each year (Foundation

Centre 2008, p200). The simple collective answer was, "they do not ask." When prompted as to, "what if they did?" they answered, "we would look at the applications"; in fact, they indicated they would welcome inquiries from remote and rural Australian Indigenous communities as they were aware of their poor health status.

At the same conference, George Soros, Chairperson of the Soros Foundation, spoke about his commitment to continue spending his billions to assist Indigenous communities determine their own civil society in Central Europe, and this raised an issue whether this was a human rights trend that US Foundations may follow.

In addition, at the International Funders for Indigenous Peoples (IFIP) session, many Foundations recognised the 350 million Indigenous people around the world as highly marginalised population groups. They also funded such groups in first world countries like the US, Canada, New Zealand, and Australia as they recognised Indigenous people living in first world countries can live as 'fourth world people'.

As a long term Australian health promotion grantseeker, the above observations prompted further investigation to find out how these US Foundations could give more to Australia,

especially if there were new opportunities for remote and rural Australian Indigenous communities.

Initial inquiry revealed there was little scholarly research on US Foundations and international philanthropic investments with Indigenous peoples, and that there is none specifically on their health investment with Australian Indigenous people in urban, rural or remote settings. The main Australian recipients of US Foundation's international Indigenous health funding have occurred in Queensland, Northern Territory and the top of WA by the Christensen Fund (Council of Foundations 2008).

While Australia has received significant grants from US Foundations like the Gates Foundation for global health research and global development, which incorporates Indigenous health, such giving does not specifically target Indigenous health issues. For example, the $1 million awarded in 2007 by the Gates Global Libraries to the Northern Territory Access to Learning – To take our Story, could be viewed at best as indirect remote and rural Indigenous health funding as a social determinants of health education strategy (Gates 2007). Whereas, the $18m Gates grant in 2009 to the University of NSW, funds HIV ADI research under the Global Health Program and aims to create a vaccine affordability break through more relevant to people in developing

countries like the Sub-Saharan Africa region, not Australia. Likewise, Queensland has also received sizeable grants for global medical research from Chuck Feeney's Atlantic Philanthropies to build and expand twelve research institutions to establish a bio-tech industry in Australia that can assist global health (Moore 2009).

A scrutiny of Australian philanthropy and Indigenous health research information on US identified scant details except for the Giving Australia Report which states that research on remote and rural philanthropy is sparse (Scaife 2005). Otherwise, the Australian Council of Social Services published several articles using the Giving Australia Report and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) with the assistance of Philanthropy Australia published 'The Australian Indigenous Guide to Philanthropy' which included a section on international philanthropy (VACCHO 2004).

Australian Universities are a new source of Indigenous philanthropy research. The James Cook University has a relevant research area that has taken an international leadership role as the Chair of the International Network for Indigenous Health Knowledge and Development (INIHKD). The University documents and circulates current work on the experience of first

world Indigenous people living as fourth world people in first world countries. The Queensland University of Technology, University of Technology Sydney, and Swinburne University are also published philanthropic stakeholders who deliver philanthropic sector courses within their business and economics departments. Australia does not have the equivalent US university philanthropic courses within their sociology, psychology and philosophy departments.

After an initial literature search the research question emerged as follows: "How can International US Health and Indigenous Foundations build their capacity to fund health in remote and rural Australian Indigenous communities". Ideally, the study's outcomes align with the Global Philanthropy Leadership Report's aims of "grounding philanthropy in reality and aligning its vision to that of those on the outside; and building/strengthening local capacity, competences and infrastructure" (WINGS 2009, p6). Indigenous people are part of 'those on the outside'. In every case, Indigenous populations are the most impoverished and under-represented group within their respective country (WHO 2009). For Indigenous people to stop being 'on the outside', more targeted research is required into the inter-relationship of US grantmakers and Indigenous grantseekers.

1.2 Research Goal

My research goal was to capture current pragmatic insights and practices to add to the body of knowledge on philanthropy and Indigenous health, and thereby expand upon the available information resource for remote and rural Australian Indigenous communities seeking grants from the IFIP Network of Foundations and other international US Health and Indigenous Foundations. Ideally, it would identify how to better engage US Foundations.

The research objective was to better enable remote and rural Australian Indigenous communities to understand and approach international US Health and Indigenous Foundations by adding to Australia's knowledge about international Indigenous philanthropy and cross cultural barriers, and to subsequently share the collected information by:

- Producing an Australian Indigenous Guide to International Philanthropy; and,

- Producing and implementing an Australian Indigenous Grantseeking Workshop for International Philanthropy.

1.3 Research Aims

The aim of this study was to research how the US health grantmaking culture could become more relevant to remote and rural Australian Indigenous communities. It also aimed to highlight the US Foundation's giving behaviour, that is, their business approach to grantmaking and grantseeking for the purpose of learning how remote and rural Australian Indigenous communities can better engage to secure funds.

1.4 Scope of the Project

The research defined the international Indigenous philanthropic business of grantmaking from a sample of the US Foundations in the IFIP network. It does not investigate the other US philanthropic corporate, government, or individual sectors, and any giving to Indigenous people, such that the project focus is primarily on only 'wealthy' philanthropists. In the course of this research there were some investigations into US philanthropic health grant making to Indigenous people living in first world countries of Australia, USA, New Zealand and Canada.

1.5 Significance of the Study

This research was significant in two areas. It articulated similarities between the hegemonic culture of Australian and US

Foundations but notes the development in the US of the civil society and catalyst philanthropy style in the 1990's (Fleishman 2007). Secondly, it documents an inherent but wider cultural clash where US grantmakers set a global health agenda of 'doing the most good' rather than the strict adoption of the World Health Organisation (WHO) agenda of 'Health for All' and the United Nation's (UN) Rights of Indigenous People.

The research investigated three significant knowledge areas. It investigated the barriers between Indigenous people as grantseekers and US Foundations as grantmakers. It documented philanthropy's history of hegemonic endeavour, from the days of charity through to the current venture philanthropy and its popular social entrepreneurship sector. Finally, it has investigated Shared Indigenous Giving Principles between US Foundation grantmakers and Indigenous grantseekers.

Chapter Two Literature Review

This chapter presents the findings of the literature review into the current US and Australian philanthropy sector; remote and rural Indigenous health; Indigenous human rights; the theory of class and hegemonic ideology, and Kymlicka's (1995) multi-national states.

Section 1 Philanthropy: Sociology and Indigenous 'First Nations People' Identity

This section examines the major theories of social construction of philanthropy as a hegemonic tool for homogeny by the dominant nation over all minorities including First Nations People. In particular, the theory of creating social policy and infrastructure is examined in philanthropy as the third sector of society.

2.1.1 Theory

Throughout history, the reasons for giving and the choice of the giving projects have been discussed, contemplated and reviewed (Frumkin 2006). While disciplines of philosophy, anthropology and economics have many contributing theories, more pertinent to this research are the sociological theories of class and

hegemonic ideology as they perhaps more persuasively articulate philanthropy's culture and its' grantmaking behaviour.

The main purpose behind these theories is to understand society's adherence to ideals of co-optation and the ideologies of social construction and enforcement.

There is a well accepted connection of good health or ill health to the 'class' that a person belongs to. The discussion of class as a social construction of life experiences has its origins in Marx and then Weber who described class as "A group sharing a similar position in a market economy, the members of which receive similar economic rewards" (Carson et al 2007, p89). Weber linked the person's social inequality to their unequal access to economic capital (resources) and introduced the term 'life chances' as a term to communicate a measure of 'access to services', that is, social services like health, housing and education. Philanthropists tend to fund projects to improve access to services as confirmed by the recent statistic of 56% of all international funding targeting the Millennium Development Goals (MDG) to eradicate extreme poverty by 2015 (Foundation Centre 2008).

Bourdieu (cited Fowler 1997) expanded Marx's theory of class by developing the view of class as not only determined by economic capital but also by cultural capital and social capital. He connected class and an individual's culture to a new form of capital, that is, the person's culture; hence, their knowledge and networks were resources that enabled inclusion to better types of education, employment and income. Bourdieu suggested that:

> "Individuals (and collectively, a class of individuals) are able to reproduce and maintain their privilege partly because of the ways in which networks and the trust generated, leads to material benefits." (Baum cited Carson et al 2007, p112)

From a class theory perspective, philanthropy uses the industry knowledge networks to construct and enforce capital, and its 'privilege'. The US tax system gives businesses and wealthy people significant tax saving incentives to create charitable wealth endowments. The purpose of these endowments appears to be to grow large sums of money for the purpose of giving aid to the needy classes and explicitly not to change the 'class' order.

Gramsci expanded on Marx's class theory and theorised that hegemony describes the political dominance of one state over another or one class over another, and this domination is not by force alone but rather through 'shared cultural and societal

ideologies' (cited Beilharz and Hogan 2006, p212).

Bourke (2005) defined Gramsci's hegemony in terms of the interrelationship of organising and socialising the population:

> "Hegemony in this sense might be defined as an 'organising principle' that is diffused by the process of socialisation into every area of daily life. To the extent that this prevailing consciousness is internalised by the population it becomes part of what is generally called 'common sense' so that the philosophy, culture and morality of the ruling elite comes to appear as the natural order of things."
> (Burke cited Infed 2009)

Bambra (2007) considers the health sector as a political sector because health is like any other capitalist commodity; some citizens have more than others do, so just as the State can construct social factors, change can be an option. Indeed, the State's responsibility to pursue the individual right to a standard health was outlined by the United Nations in 1948 as, "a citizen right to a standard of living adequate for health and wellbeing" (Bambra et al cited Keleher and MacDougal 2009, pp.48-49).

Karl and Katz (1987) offer a Gramsican view of Foundations where elitism pushes the assimilation of their dominant world view through their program goals (Karl and Katz cited Delfin et al 2008, p606). Frumkin (2006) suggests critics of philanthropy's

political function argue that "the important purpose of giving is cooptation and social control, not political and social change" (Frumkin 2006, p13). The dominance or power comes from the ability to include and exclude, based on 'shared cultural and societal ideology'. Arnove (2007) believes Foundations have aspirations to steer a dominant society's agenda, to decide what is important in society through a funding system which "has worked against the interests of minorities, the working class and Third World Peoples" (Arnove cited Berndtson 2007, p1).

It could be argued that Indigenous Australians have lived under a British hegemony since settlement. The new land was taken and kept by physical force, murder, and then political force and dispossession using the term 'Terra Nullius' or no man's land to infer no ownership by the dispossessed people. This overt dispossession did not stop until 1981 when the Mabo case won legal recognition of Indigenous land ownership.

An individual's class and capital is part of society's social stratification for typecasting the inclusion and exclusion of groups. Social stratification uses the power of Foundation's giving or taking as a part of privilege and elitism. Racism is a term that describes the segmentation of included and excluded

groups from knowledge and network. Cazenave and Maddern (1999) define racism as:

> "..a highly organized system of 'race'-based group privilege that operates at every level of society and is held together by a sophisticated ideology of colour/'race' supremacy."
> (Cazenave and Maddern 1999, p25)

In summary, though philanthropy markets its ideological goals and aspirations as altruism, it can be construed that its change efforts operate from a less than altruistic hegemonic ideology. When Foundations give, they can find that the motives behind their decisions implicitly include or exclude groups within their homogenous world. Philanthropy could be viewed idealistically to be a sector owned by elite class members and one that acts in sociological terms that maintain and even permeate social order rather than challenge the status quo.

2.1.2 Sociology, the State and Liberalism

Throughout history, humans have organized themselves in social systems to assist with survival based on shared understanding and shared ideologies. In the middle ages, the feudalistic social system was underpinned by religious ideologies, during the renaissance and reformation centuries ideologies of human value emerged, and then in the 19th Century reformed liberalism emerged more aligned to the market and democracy rather than

socialism (Bishop and Green 2008). In the 1980's, neo-liberalism gained popularity by focusing on the individual's right to a free market in the global context and, as a result, proposed that the State create and preserve an institutional framework appropriate to the practices of free trade, privatization and deregulation policy (Harvey 2007, p2). Essentially, the State operated more assertively without interference from the modern welfare state or the third sector (Lyons 2001) and thus galvanized the power base of the elite class and afforded the middle class individualism fuelled by consumerism. It could be argued that throughout this period of economic rationalism, social consciousness for others or the environment gradually came to be considered in terms of a market opportunity. Furthermore, as liberalism became increasingly driven by free market thinking, equity in health for marginal population groups like Indigenous people became viewed increasingly as a lower economic and social priority.

Gramsci described society as made up of the relations of production; capital v labour, the state or political society; coercive institutions, and civil society; all other non-coercive institutions (Burke cited Infed 2009). Generally speaking, philanthropy appears to fit more neatly within civil society and

akin to non-coercive institutions, and has been associated with the third sector of society.

Fundamentally, capital drives society's economic engine. Though economic capital has been traditionally recognised, Bordieu's term for a less tangible form of capital is social capital. WHO has defined social capital as "the degree of social cohesion which exists in communities ….It refers to the processes between people which establish networks, norms, and social trust, and facilitate co-ordination and co- operation for mutual benefit" (WHO 2009). It can be thought of as the mutual benefit of the relationship that equates to capital or the creation of wealth.

Though not easily recognised, both forms of capital are important in the market and the creation of wealthy societies. As Putnam (1993) described in his research on the Italian regional council's economic performance, capital was linked to the level of social capital of the region (Putman cited Carson et al 2007, p111).

2.1.3 Altruism, Polyarchy and Political Quietism

There are several views of the role of the state in co-opting First Nations Peoples and minorities through philanthropy. Lyons (2001) views philanthropy as part of the State's third sector,

that is, the not-for-profit sector which interplays with the first sector, or the public or government sector, and the second sector, or the business sector (Lyons 2001, p5). As a third sector stakeholder, philanthropy invests in civic projects acting as a separate political power and enables discussion on government social policy including minority views (Fleishman 2007, p15). Fleishman (2007) describes philanthropy as 'poly-archy', a societal independent power by stating:

> "whereas anarchy refers to the absence of any central governing power and monarchy refers to the dominance of a single power centre, polyarchy refers to the existence of many separate, independent power centres in society." (Fleishman 2007, pxvi)

Frumkin (2006) suggests philanthropy also has an activist role and describes five roles as:

- To create social and political change;
- To locate and support social innovation;
- To provide a modest measure of economic equity;
- To affirm pluralism as a civic virtue; and,
- To enable self actualisation of the donors.

Frumkin's and Fleishman's views of social activism are tempered by philanthropy remaining within the lines of a capitalist, democratic society. It is not averse to funding socialist or

communist projects as it remains true to the power of the status quo.

Philanthropy appears to be more of a hybrid, having the appearance of an activist change agent but locked within capitalism and not advocating structural system change. It upholds the economies that source the philanthropic wealth. In 2006, the US Foundation philanthropic sector invested $19.09b in domestic and international philanthropy (Foundation Centre 2008). This investment was sourced from the profits of the Foundation's businesses and channelled into civic sector areas like education, health, development, justice, environment and conservation. In many cases, the source of the profits and the areas of distribution may not operate with the same boundaries and principles.

In particular, philanthropy upholds the capitalist ideology of a free market underpinned by a protestant work ethic. Philosopher Alfred Whitehead questioned the ability to transpose business sector ethics to the social sector calling it "a fallacy of misplaced concreteness, the attempt to rectify one aspect of the human condition extracted from the complex interdependent framework in which it exists" (Whitehead cited Karoff 2004, p135). The conflict that arises stems from the central objective of money

which is a distinct part of the economy and is countable, whereas the social capital objective of equity is more nebulous in nature and generally not countable (Whitehead cited Karoff 2004, p135).

Philanthropy can more readily identify itself with the term 'social movement' as it questions and sometimes challenges the State's policies on equity and justice by attempting to change the behaviours and beliefs of social institutions (Ballantyne cited Beilharz and Hogan 2006, p422). However, there are limits to its influence as it operates within a capitalist hegemony, with its wealth coming directly from the capitalist economy and it roots within a democratic state. In the main, philanthropists tend not to challenge the foundations of the capitalist system as they are tied to its social order and modus operandi. Likewise, wealthy individual philanthropists belong to this class and they remain wealthy and influential by virtue of giving only part of their entire wealth in line with the conventions of the capital system.

Beyond not always acting for social change, the act of giving can have implicitly attached expectations, including social cohesion. Mauss (1971) argues philanthropy has a mutual action that "the receiving is actually the point of giving as all giving inevitably creates a social bond in the form of an obligation on the receiver

to reciprocate or lose honour" (Mauss cited Bishop and Green 2008, p41). Though this form of obligation was covert, agreement was expected.

Philanthropy's giving behaviour has a wide spectrum from pure altruism to political quietism (Gomberg cited Singer 2009). Historically, philanthropy was marketed as a form of altruism; selfless giving where individuals and groups give without expectation of any return and asking people to give for the benefit of others. However, philanthropy is not a total, selflessness altruism, as the giving is a social exchange between two people or communities, a form of a relationship, with socially contracted payback of results. The Centre of Philanthropy Study of High Net Worth Philanthropy cited "trying to make a difference, setting an example to children, religious beliefs, and the strategic use of charitable tax vehicles" as some of the many reason for giving (Indiana University 2007). Furthermore, the philanthropic actions reward the grantmaker's social approval, prestige, and power (Bishop and Green 2008). These benefits add and maintain privilege. When the grantmaker sets the 'goal posts on the playing field' of their competitive grants rounds, the selection process includes and excludes applicants based on the grantmaker's goals not the grantseekers. This unequal relationship challenges the perception of philanthropy's purity

and shows more of a hybrid contribution of both altruism and business benefit.

Philosopher Paul Gomberg proposes philanthropic motivation is 'political quietism', to deflect attention from the elite class and the capitalist institutions that create poverty, so that the underclass does not seek an alternative to those institutions (Gomberg cited Singer 2009, p38). Frumkin (2006) outlined the conspiracy idea that "philanthropy masks large social inequities and defuse grassroots opposition and rebellion by offering small amounts of aid" (Frumkin 2006, p13).

Evolutionary biologist Ridley also views that giving has an implicit social agenda to elicit trust from within the general population, stating that philanthropy is an investment in a stock called trustworthiness that motivates increased generosity from others by tapping into people's capacity for altruism (Ridley cited Bishop and Green 2008, p41).

2.1.4. Indigenous Identity

It is estimated that there are more than 350 million Indigenous people living in 70 countries within a dominant culture that arrived by conquest, occupation and settlement (WHO 2009). Indigenous people are minorities living in many of the world's

184 independent states, containing 600 living language groups and 5000 ethnic or Indigenous groups (Kymlicka 1995, p1). A common definition of Indigenous is "those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived" (WHO 2009). The term 'Indigenous' is exchanged for, first peoples/First Nations, aboriginals, ethnic groups or multi-national state (Kymlicka 1995). Indigenous people are recognized by the UN as being "the holders of unique languages; knowledge systems and beliefs; and possess invaluable knowledge of practices for the sustainable management of natural resources" (UN 2009).

The intangible Indigenous relationship to their traditional land is based on the values that operate subliminally as a 'multi-national' state within a dominant state (Kymlicka 1995). Minde (2008) suggests that what it means to be Indigenous is "the preservation, development and transmission of cultural heritage, including history, are the central project of Indigenous knowledge and Indigenous wellbeing" (Minde 2008, p299). Minde (2008) also uses the terms Indigeneity as a term to describe Indigenous identity. Though the term 'Indigeneity' is highly debatable, broadly it describes the social, legal and spiritual aspects of Indigenous identity (Minde 2008, p33).

An essential part of Indigenous identity is the social, legal and spiritual bond between Indigenous people and the land. Indigenous knowledge connects identity to the stewardship of the land which strives to protect the rights to Indigenous land usage whilst balancing the protection of the bio-diversity needs of the land. Stewardship is similar to the liberal term sustainability. The UNESCO term for sustainable development defines "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (De Fries and Malone 1987). Both stewardship and sustainability require cross sector contributions including health and aspects of the third sector.

All these distinct differences in identity alert us to the conflict of living in a dominant ideology promotes homogeny. If the Indigenous grantseekers do not submit applications within the dominant culture's political framework they invariably find difficulties in matching with grantmakers.

2.1.5. Indigenous Language for Giving

Indigenous people have terms for giving and caring that fit within their own culture. Though there appears to be some overlap with western words of giving and philanthropy, the

essence is that Indigenous giving is community giving and community benefit which is quite different from the western culture of the individual and their family.

Australian Aboriginal and Torres Strait Islander People are people who live in approximately 600 groups of clans across Australia and it is through the clans kinship system that the basis of giving is understood (Smithy, Zimran, Tjampitjinpa cited Rivalland 2006, p11).

There are many languages and one clan's language, the Yanangu People in Western Desert, the expression Nganampa Walytja Palyantjaku Tjutaku describes their identity as linked through: home or country (ngurra), family or relatedness (walytja), culture through dreaming (tjukurrpa), and songs and ceremonies (tulku) (Smithy, Zimran, Tjampitjinpa cited Rivalland 2006, p11). They have giving words for wellbeing like: demonstrating concern or compassion (kuunyi; alturringu), showing generosity and reciprocity (ngaparrtji-ngaparrtji), and for those in need (kuunyi ngaltutjarra). Together these show respect for a human being and for a family and kin. These kin relationships have rights or roles and responsibilities of expected

behaviours attached to them (Smithy, Zimran, Tjampitjinpa cited Rivalland 2006, p11).

The Maori People of New Zealand have a central value and practice of obligation called Manaaki within their tribal system (Williams and Robinson 2004). Other Maori words that describe actions not dissimilar to philanthropy's giving are: Awhi, to help or assist in a practical way; Amoris, giving is sharing, duty and reciprocity; Tauoko, to support verbally or non verbal way; Aroha, to give an appropriate emotional response such as hospitality and generosity; and Koha, the giving of a gift which necessitates a reciprocal response now or in the future (Williams and Robinson 2004).

Some Native American people use a community or tribal giving term called 'Potlatch' which describes the act of giving all you have away with the understanding that the recipient will then give all away another time. It's a universal commitment of giving all to each other, with everyone's practical needs assured as this giving was circular (Bowden 2009). This is quite a challenge to the western system of individuals acquiring more wealth than they need for their individual benefit.

A current theme in Indigenous people's giving was reciprocity; where the giving relationship was more equal, as the act of that continuous and self-sustaining; a stream of giving, receiving and giving again. It was both the giving and the receiving that are viewed as 'a gift' to both parties. Philanthropy also uses the term reciprocity to describe that the 'giving' can foster a social bond between citizens and the State. It involves a social connection between the giver and the receiver rather than a simple exchange. Reciprocity was not seen to be altruistic as there was an expectation that being favourable to others would mean something favourable returning at some time.

Pearson (2008) stresses the importance of reciprocity as a traditional Indigenous value. However, he notes a negative consequence with the alcohol culture where the drinker's demand of money from relatives occurs without offering anything in return. In these cases, there are no tangible reciprocity aspects with this type of giving, only meeting family obligation (Pearson 2008).

Section 2 Indigenous Health and Human Rights

2.2.1 Aboriginal and Torres Strait Islander Health

2.2.1.1. Health Issues

Similar to other Indigenous people across the world, Aboriginal and Torres Strait Islander people define health in a holistic manner as being:

> "Health is not just physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. It is a whole of life view that includes the cyclical concept of life death life"
> (NACCHO cited NACCHO 2009)

Like most of the world's Indigenous people, Aboriginal and Torres Strait Islander people have poorer health than the non-Indigenous of Australia (Scaife 2006). In fact, they have the worst health for a First Nations People living in any developed country (Scaife 2006). It is recognised by the Australian Bureau of Statistics (ABS) that "the burden of disease suffered by Indigenous Australians is estimated to be two-and-a-half times greater than the burden of disease in the total Australian population" (ABS Health Report 2007).

Aboriginal and Torres Strait Islander people have a range of serious illnesses including circulatory diseases, diabetes, respiratory diseases, musculoskeletal conditions, kidney disease, and eye and ear problems, and most experience an earlier onset of these diseases than do other Australians (ABS 2007). Rehabilitation, curative care, health promotion, prevention and early intervention are imperative to close the gap of earlier death (Scaife 2006). The prevalence of Indigenous medical conditions is highlighted in Table 1.

Table 1: The prevalence of selected long-term health conditions by Indigenous status (percent), and age-standardised rate ratios, 2004–05.

Medical Condition	Indigenous	Total Australians	Standardised Rate Ratios
Eye/sight problems	30	52	0.9
Musculoskeletal diseases		31	1.1
Arthritis	9	15	1.2
Diseases of the respiratory system	27	29	1.1
Asthma	15	10	1.6
Circulatory problems/diseases	12	18	1.3
Endocrine, nutritional and metabolic diseases	9	12	1.6
Diabetes/high sugar levels	6	4	3.4
Diseases of the nervous system	8	8	1.2
Digestive diseases	4	7	0.9

Source: ABS 2008, National Aboriginal and Torres Strait Islander Social Survey

The above noted survey (ABS 2008) also added information on social and lifestyle factors of health as follows:

- Education: Indigenous people were half as likely to complete Year 12 as non-Indigenous people.

- Risk behaviours: Indigenous adults were more than twice as likely as non-Indigenous adults to smoke regularly.

- Sedentary behaviours: more than half of Indigenous people were overweight or obese.

- Services Access: Indigenous people face barriers in accessing health services, in particular primary health care.

Indigenous people have higher rates of profound or severe core activity limitations than other Australians. In non-remote areas, Australian Indigenous people aged 18 years experienced core activity limitation of 2.1 times more than that of the non-Indigenous population (ABS 2008). Of Indigenous persons aged 15 years or over, approximately 36% of that age group had a disability or a long-term health condition (ABS 2008).

Australian Indigenous people have a high experience of poor mental health associated with racism, psychological distress, depression and anxiety (Carson et al 2007). Poor mental health affects functioning in a range of daily tasks including employment and parenting. As Indigenous people relate through their family system, the illness affects more than just the individual and their immediate family.

Indigenous people have a high experience of self harm from mental health and destructive settings like prisons. Tatz (1999) found high suicide rates among Aboriginal youth in New South Wales for the years 1996-98, noting that these were among the highest recorded in the international literature he reviewed (Tatz cited AIHW 2008). He described Aboriginal suicide as having 'unique social and political contexts' and that the causes of and possible remedies are based on an understanding of the cultural differences that distinguish Aboriginal suicide from non-Aboriginal suicide (Tatz cited AIHW 2008).

The National Inquiry into the Human Rights of People with Mental Illness found that anti-social and self-destructive behaviour is often the result of undiagnosed mental and social distress, and it could bring Indigenous people into frequent contact with the criminal justice system (HREOC 1993). The 1991 Royal Commission into Aboriginal Deaths in Custody found that the incarceration of young Indigenous men and juveniles during their formative years “left them 'permanently alienated from their communities, so that on release from prison, they were likely to turn to substance abuse and violence” (HREOC 1993, p698).

The level of Aboriginal incarceration remains high with Aboriginal people making up 22% of the overall prison population in 2005 (Krieg 2006).

2.2.1.2. Aboriginal Health Policy

The Aboriginal Councils and Associations Act in 1975 started the opportunity for Indigenous people to incorporate community organisations to serve local interests. By 2001, there were approximately 2,750 Indigenous community controlled Indigenous health organisations incorporated under the provisions of this legislation. The National Aboriginal Community Controlled Health Organisation (NACCHO) is the peak organisation. They are dependent upon public sector funding and partnerships with non-Indigenous non-government, charitable, religious or welfare organisations to deliver programs (Dwyer et al 2009, p1). So much so that Dwyer (2009) commented that Aboriginal Community Controlled Health Services are overburdened by accounting and reporting, and instead need their independence through long term core primary and public health care funding.

In 1989, the Federal government began an overt focus on Indigenous health through the introduction of the National

Aboriginal Health Strategy. The strategy was important because it introduced an agreement that Aboriginal health was underpinned by principles of holistic health, aboriginal community control institutions, cross sector partnerships, and that a human rights based approach to funding be adopted with all aspects of Aboriginal health (NACCHO 2009). In 1995, the strategy moved to a State and Territory approach through Territory Agreement Frameworks.

Two recent significant government actions include the 2007 Northern Territory intervention based on the Little Children are Sacred Report and the 2008 Close the Gap Campaign. The intervention regulated resources and services with mixed success and the awareness campaign has made 'Close the Gap' a common term. The Campaign's name and agenda were based on the WHO Close the Gap global programs.

The 2008 Close the Gap Report documented the international comparison of the health of the Indigenous people of the USA, Canada, New Zealand and Australia, and showed that Australia's gap of a 17 years reduced life expectancy had not narrowed as had the other three developed countries to less than 9 years (Freemantle, Officer, and McAulley 2007, p3). Efforts to

address the Indigenous health inequalities have been championed by NACCHO and Oxfam through their Close the Gap Campaign that aimed to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2030. The six specific goals include the improvement in life expectancy, literacy and numeracy, employment, Year 12 schooling attainments, quality pre-school programs and a reduction in infant mortality (NACCHO and Oxfam 2007).

However, socio-economic disadvantage alone does not explain all the differences in health status that exists between Indigenous and non-Indigenous Australians (Glover et al cited Carson 2007). Other aspects of living and working that affect ill health are described as social determinants of health. In particular, the sense of control over one's life is a factor that troubles colonised people like our Aboriginal and Torres Strait Islander people.

Previous efforts over the past decades to improve Indigenous health have not emphasised community control and cultural alignment. The Close the Gap Campaign emphasised culturally authentic primary and public health care and, in particular, health promotion workforce setting strategies (Freemantle, Officer and McAulley 2007, p3).

In 2007, the Council of Australian Governments agreed to a partnership between all levels of government to work with Indigenous communities to achieve the targets of Close the Gap in Indigenous disadvantage. The government efforts were most welcome however the funds were narrowly targeted and did not necessarily flow through community controlled health organisations. Remote and rural Australian Indigenous people still require funds for the many facets of holistic health outside of the government brief.

2.2.2 Australian Indigenous Human Rights

Since colonial invasion in 1788, non-Indigenous Australian history has been a series of conquest, dispossession and subjugation of the Indigenous people, the First Nations People, who owned the land. The colonial conquests were brutal and political as the leaders of Australian occupation called the land 'Terra Nullius' a term defining the land as , no man's land, not possessed by anyone. This term was and is used to mandate the non-Indigenous possession without any purchase or treaty because the term inferred land that was not possessed by a nation.

In 1967, the Australian Commonwealth Government (ACG) started to allow Indigenous people to be counted in the census and as such be recognised a Commonwealth and not a State or Territory responsibility. In 1973, ACG took another human rights step under the policy of self determination when it tried to improve the assimilation policies by recognising Indigenous people had the right to cultural difference. It promoted the idea that Indigenous people were responsible for their Indigenous social order (self determination) and proposed public policy that linked this status to personal life style choices, in particular health lifestyle choices:

> "the state will be unable to provide adequate health care if citizens do no act responsibly with respect to their own health, in terms of a healthy diet, exercise and the consumption of liquor and tobacco"
> (Peterson and Sanders 1998, p80)

Self determination also established new definitions of what is an Aboriginal person. It used terms of identity of belonging to geographical region, culture, religion and kinship rather than identifying as a western model of an entire race of people. Consequently, the definition for self-identifying as an Aboriginal person was: do you have Aboriginal descent, do you identify as an Aboriginal, and are you accepted by the Aboriginal community in which you live (Minde 2008, p299).

In 1997, the social movement for reconciliation was driven by the Council of Aboriginal Reconciliation which held the National Reconciliation Convention. At the convention, the Human Rights and Equal Opportunity Commission (HREOC) launched the Stolen Generation Report which outlined the many losses that Indigenous people had experienced from the policies of removing children, decimating culture and compulsive resettlement since occupation in 1788 (Jamrozik 2005, p88).

In 2007, the Indigenous people of the world achieved a degree of legitimacy, when 143 members of the United Nation ratified 'The Declaration on the Rights of Indigenous Peoples.' This action recognised that Indigenous people living in multi-national states had distinct rights within the multi-national states (UN 2009). Australia, New Zealand, Canada and the US refused to sign it until in March 2009 Australia changed its position and issued a statement of support (FaHSCIA 2009). The declaration supported Indigenous people's individual and collective rights to culture, identity, language, employment, health, education and other issues. It also:

> "emphasizes the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures and traditions, and to pursue their development in keeping with their own needs and

> aspirations ....prohibits discrimination against Indigenous peoples", and it "promotes their full and effective participation in all matters that concern them and their right to remain distinct and to pursue their own visions of economic and social development"
> (UN and WHO 2009)

A national apology to the Indigenous people taken from their families from 1900 to 1970 was made in 2008 by Prime Minister Kevin Rudd, who said "for the pain, suffering and hurt we say sorry" (FaHSCIA 2008). Though the apology held no legal compensation consequence, it spearheaded national reconciliation efforts like an Aboriginal and Torres Strait Islander Healing Foundation and a National Indigenous Representative Body (FaHSCIA 2009).

The Aboriginal and Torres Strait Islander Healing Foundation proposed an Indigenous community controlled institution which promoted holistic healing for Indigenous wellbeing, human rights and multi-national cultural security. A new representative Indigenous body could also aid holistic health through empowering Indigenous representation at a national level. As an independent body with an elected national congress and a national executive with legal status as an independent company limited by guarantee not a statutory authority base, the current proposal is different to the previous national model of ATSIC.

With a planned $200 million endowment, it could be flexible in structure and constitution. It could be able to seek government, corporate and philanthropic support for its operations to lead and advocate for the recognition of Aboriginal and Torres Strait Islander as First Nations People. It could lobby for the legal recognition of Indigenous health being a fundamental part of their human rights. It could use the Indigenous term for health as a holistic concept that incorporates the body, the mind and the spirit within the purview of human rights and promote how health as a human right exists as an inter-related concept (Gray cited Carson et al 2007, p261).

By recognising health and human rights as inter-related, the effort to make international declarations into Australian legislation is ongoing. In Australia, the Commonwealth Government sets the agenda and makes legislation rather than execute the international treaties (Otto cited Gray 2007, p256), so the human right connection to health may aspire to be a legal imperative however, it mainly presents as a moral imperative, a future argument through the third sector.

The human rights approach supports Indigenous culture, supports control and design of services so that the basis of change on their culture provides identity, safety, and security.

An example of a New Zealand Indigenous cultural safety model in health care was the three steps of cultural awareness, cultural sensitivity and cultural safety (Smith 2004, p62). As health and human rights are related, seeking support for cultural inclusion and freedom from discrimination are part of the broader category of health and could be recognised as being just as important as the other social determinants of health (Gray 2007, p261).

2.2.3 WHO and Indigenous Health

The United Nations (UN) established the World Health Organisation (WHO) in 1948 as its authority to provide global leadership (global agenda) on health matters as a human right (WHO 2009).

The WHO definition of public health is "the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society" (WHO 2009). Given the efforts are aimed at equity, ideology and politics are part of the issue. Public health is a political concept as it aims for equity in health among whole populations. Its primary tools are health promotion and disease prevention, as well as other forms of health intervention.

After more than half a decade of effort, there has been small progress on the WHO's 1948 Declaration of Alma- Ata's primary health goal of 'Health for all'. WHO defined primary health care in the Alma Ata Declaration as "essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable" (WHO 1978).

In 2008, WHO identified continuing barriers for Alma Ata in three trends:

> "Health systems that focus disproportionately on a narrow offer of specialized curative care;
>
> Health systems where a command and control approach to disease control, focused on short term results, is fragmenting service delivery;
>
> Health systems where a hands-off or laissez-faire approach to governance has allowed unregulated commercialization of health to flourish."
> (WHO Health Report 2008, p7)

These three trends relate directly to US Foundation's international health work. The new large Foundations, like the Gates Foundation, invest in immunisation through intermediaries who deliver services without community control partnerships (Foundation Centre 2008). The Foundations are not using the public health capacity building strategies of building national

preventative strategies with the local governments nor are they building infrastructure and public policy. Simply, they are not working from WHO's agenda, they are working from their own agenda.

WHO has a mandate to protect and promote Indigenous health as in 1995 with the proclamation of the International Decade of the World's Indigenous People (WHO 2009). In 2005, the UN declared a second international decade to strengthen efforts to solve problems including health and culture (WHO 2009).

WHO developed the WHO Indigenous Peoples Health Work Plan as an international framework of best practice. It acts as a global advocate and seeks partners including the UN Permanent Forum on Indigenous Issues (UNPFII), the Office of the High Commissioner for Human Rights (OHCHR) and the International Labour Organization (ILO). Key elements of the work plan are provided in Table 2 below. They take a broad approach to health promotion.

Table 2: WHO Indigenous Peoples 2007/2008 Health Work Plan

Raise Awareness of the key health challenges faced by Indigenous peoples, for example by completing a publication on Indigenous Health and Human Rights.
Build Capacity of public health professionals to identify and act upon the specific health needs of Indigenous peoples through educational workshops and trainings.
Expose Health Disparities by analysing data through the lens of ethnicity and other variables relevant to Indigenous peoples (geographical area, tribal affiliation, gender, language, etc).
Issue Guidelines for Health Policy Makers to integrate Indigenous peoples' health needs and perspectives into National and International Health Development Frameworks, such as national health sector plans, the Millennium Development Goals and poverty reduction strategies.
Convene Partners and Catalyst Action to improve Indigenous peoples' health and human rights

This plan and the UN's first and second Decade of Indigenous Rights are dedicated to improve the Indigenous health status predominantly through health promotion goals. They also link Indigenous health with Indigenous rights and support the catalyst style of action.

The previously mentioned trends document the need for grantmakers to fund in the area of health promotion projects internationally so that long term projects that incorporate good governance will increase universal health. The report also connects health and civil society as "in a number of countries, the resulting inequitable access, impoverishing costs, and

erosion of trust in healthcare constitute a threat to social stability" (WHO 2008, p7).

2.2.4 WHO, Health Promotion, and the Social Determinants of Health

In this millennium, US grantmakers have concentrated on their venture investments in public health immunisation programs. In the 1990's, public health's Health Promotion Setting's programs such as healthy schools and healthy cities matched philanthropy's driver, engagement and catalyst styles. US Foundations could consider more investment in health promotion as another area of public health as it could offer entrepreneurial strategies of capacity building, enabling and conductors (Foundation Centre 2008). Health promotion builds individual's and group's behaviour choices (that is, healthy lifestyles), and infrastructure and public policy (that is, healthy communities) in order to ensure that people have healthy buildings, as places to live and work. Importantly, health promotion fits well with Indigenous health projects as they include cultural equity in health similar to Bordieu's view that there is a strong relationship between social capital which includes health and cultural capital that includes equity.

Health Promotion started officially in 1986 when the Ottawa Charter of Health established the core principles of community development, capacity building and empowerment to affect the sources, or determinants of health (Carson et al 2007, p272). WHO's definition of Health Promotion was "the process of enabling people to increase control over, and to improve their health" (WHO 1986). It recognised that social factors determine one's health status. They include income, education, profession, working conditions, and mental status, which in turn can affect risk factors such as smoking, alcohol consumption, eating habits and physical inactivity. Bordieu's cultural factors of class networks, opportunities and education factors could also be included.

The Marmot (1999) study introduced social factors to the underlying health promotion determinants of health (Marmont et al cited 1999). It found that the social component of the determinants of health were connected to participant's jobs, income, education, networks and status and not their individual health risk factors. They identified eight categories: economic opportunity, education, social connectedness and social standing, transportation, food security, and employment, and economic opportunity. Australian researchers have also drawn a relationship between Indigenous low economic and social

conditions, and poor health (Moodie, Hunter cited Carson et al 2007, p16).

Carson (2007) suggests that experiencing racist treatment should be recognised as a social determinant of health and that without addressing racism, the eight categories can not improve health care. Australian Indigenous people have argued the context or settings of chronic poor health as "colonialism, dispossession from country, poverty and institutional racism" (Carson et al 2007, p6).

The Ottawa Charter of Health outlines the three prerequisites for health as advocacy, enabling and mediation (WHO 2009). It also outlines six actions to address systemic economic and social poverty called Health Promotion Actions (WHO 2009), that are:

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community action
4. Develop personal skills
5. Reorient health services
6. Moving into the future

These actions underpin health promotion's participatory and inclusive processes that enable social sectors like the individual,

community, infrastructure and public policy to act for change purposes.

Notionally, philanthropy could broaden its alignment to health promotion strategies and in 2005 the health promotion sector reflected on its actions and wrote another charter, the Bangkok Charter of Health Promotion in a Globalised World which promoted:

> "to make the promotion of health: central to the global development agenda;…..; a key focus of communities and civil society; and requirement for good corporate practice"
> (WHO 2005)

This Charter's focus on globalisation and corporate practice could be a closer match with venture philanthropy than the Ottawa Charter. Also its aims are closer to the philanthropic style of driving change rather than acting as a catalyst of change as suggested by the social determinants of health. The Bangkok Charter's connection to the southern hemisphere world which has yet to achieve basic food, water, sanitation and housing standards for their nations also aligns to the US Foundation's mission in health and poverty.

2.2.5 Indigenous People, Cultural Pluralism and the United Nations

The collective right of Indigenous people to preserve and develop their cultural identity within a multi-nation state is rare as the ILO convention 169 of the UNHCR remains the only multi-lateral treaty to recognise cultural identity. The ILO recognised the aspirations of these people to exercise control over their own institutions, ways of life and economic development, and to maintain and develop their own identities, languages and religions within a framework of the States in which they live (Vrdoljak cited Minde 2008, p299).

The United Nation's working group on Indigenous populations describes Indigenous communities as:

> "Indigenous communities, people nations are those which, having a historical continuity with pre invasion and pre colonial societies...., consider themselves distinct from other sectors of the societies now prevailing in those territories ....They form at present non dominant sectors of society and are determined to preserve , develop and transmit to future generations their ancestral territories , and their ethnic identity, as the basis of their continued existence as peoples in accordance with their own cultural patterns , social institution and legal systems"
> (Economic and Social Council of the United Nations - ESOSOC cited Minde 2008, p298)

Kymlicka (1995) recognises Indigenous people as part of 'multi-nations' from previously governing territorial cultures. He

discusses cultural pluralism in two forms: either from a 'multi-nations' or two nations residing in one country or 'poly-ethnic' or different ethnic groups living in a new nation from migration (Kymlicka 1995, p6). Australia's cultural diversity is both multi-national because it forcibly incorporated the Indigenous population and is 'poly-ethnic' because it has large migration demography. This duality can confuse the argument for Indigenous First Nation's rights as the dominant culture treats them as having made a choice to live under their state as a 'poly-ethnic' group or as immigrants.

Cultural diversity has been disregarded by homogenous cultures through acts of elimination and coercively assimilation by forcing adoption of language, religion and customs of the majority (Kymlicka 1995, p60). Sadly, Indigenous people have been inflicted by all of the above and it has been the task of international institutions such as the United Nations, the World Bank, the League of Nations, the European Council and national governments to try to redress and ensure the achievement of Indigenous people's human rights (Kymlicka 1995). Table 3 is a short overview of the history of Indigenous rights that shows Australia's reticence to support Indigenous rights through to today.

Table 3: Timeline of Indigenous Rights

1924	Chief Deskaheh Cayuga Nation	Approached the League of Nations but not allowed to speak
1948 1957	United Nations	Universal Human Rights which deleted all reference to the rights of ethnic and national Minorities First legal instrument : UN Convention 107 Protection and integration of Indigenous and other tribal and semi tribal populations in independent countries
1967	Australian Government	The 1967 Referendum included Indigenous Australian in the national census and transfer responsibilities to the Commonwealth
1982	World Bank	Policy with Indigenous Peoples
1970 1980 1982 1988	United Nations	A UN working group on Indigenous People formed in 1982 Voluntary Fund for Indigenous Populations Draft Universal Declaration on Indigenous Rights 1988 Convention 169 updated 107 concepts of respect and participation
1990'	The Council of Europe	Conference on Security and Cooperation in Europe Declaration on the Rights of National Minorities Declaration on Minority Language Rights High Commissioner on National Minorities
1992	Australia	Mabo Land Rights Case recognised the Meriam People had native title to land which finally overturned Terra Nullius''
1993	United Nations	Debate on Declaration on the Rights of the Persons belonging to national and or ethnic religious and linguistic minorities
1994	United Nations Development Program	Indigenous Knowledge Program to recognise and incorporate protecting Indigenous Intellectual property
1997	Australia	The Native Title Amendment Bill rejected NT
1995 2004	United Nations	Declared the International Decade of the World's Indigenous People
2002	United Nations	Permanent Forum of Indigenous Peoples Mandate that could address the ESOSOC the official UN Charter Body. Trust Fund established with donation by countries, philanthropic foundations and philanthropic individuals
2004	United Nations	Declared the Second Decade of the World's Indigenous People 2005 to 2014 - theme of Partnership for Action and Dignity
2007	UN General Assembly	UN Adopts the Declaration of Indigenous Rights Australia, Canada New Zealand and USA oppose it.
2009	Australia	Endorses the fundamental guiding principles of mutual respect and partnership UN Declaration of Indigenous Rights.

Minde 2008, pp.29-44;

Minde 2008, *Chapter 2 Indigenous People and the United Nations from the 1960's through to 1985*, and Smith J D 2007, *Policy Timeline 1967-2007*, pp. 29 to 44.

2.2.6 United Nations, Millennium Development Goals and Indigenous Health

The UN's global position has much in common with WHO's views of Indigenous health as it recognized that the health of Indigenous people in poor and developed countries is lower than that of the nation's other multi-national populations.

The UN World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance encouraged countries to examine discriminations, connections to access and provision of social services such as housing, education and health care. It noted that overt or implicit discrimination violates one of the fundamental principles of human rights and often lies at the root of poor health status. Discrimination against ethnic, religious and linguistic minorities, Indigenous people and other marginalized groups in society both causes and magnifies poverty and ill-health (UN 2009).

The UN Office for Partnerships suggested two key recommendations to philanthropy: private-public sector partnerships with national leadership or a grassroots

(Community controlled) approach; and mobilisation of local resources to supplement funds acquired from philanthropic organisations (ESOSOC cited UN 2009).

In 2000, the UN brokered the MDGs to halve the number of people living with extreme poverty by providing access and entitlement to basic life resources by 2015. The basics included: to have enough nutritious food to eat and clean water to drink, having a home to live in, having access to good health services, being able to go to school, and being able to find work (UN 2009).

The MDGs have eight targets that would change the lives of impoverished people. The goals were drafted to do two things: one was to change the experience of extreme poverty to a self-sufficient and self determined life. It also aimed to establish measurement systems in reducing poverty in the world and in helping poor countries develop (UN 2000).

The eight goals are:

1. Eradicate extreme poverty and hunger
2. Improve maternal health
3. Achieve universal primary education
4. Combat HIV/AIDS, malaria, and other diseases

5. Promote gender equality and empower women
6. Ensure environmental sustainability
7. Reduce child mortality
8. Develop a global partnership for development

All these goals can or could relate to poor remote and rural Indigenous health. The Australian Government's program, Healthy for Life, provides a mechanism for increasing the delivery of health intervention to meet the MDGs. However, the 2009 Australian Commonwealth Government Productivity Report's Overcoming Indigenous Disadvantage stated that there has been little improvement achieved thus far (The Productivity Commission, 2009).

When considering the MDG's relevance to Indigenous people, success with reducing poverty needs to consider the health promotion style of valuing the results of the outcomes as well as the processes so that the people involved build their capacity. The MDG's need to be "consistent with a human rights based approach which emphasizes participatory, non-discriminatory and accountable actions to improve the health of Indigenous peoples" (Victoria Tauli-Corpuz, cited WHO 2009). The call for a human rights approach to address health inequalities is

supported by the HEROC (Smith 2004, p48) and is essential for forward steps.

Section 3 Philanthropy in the United States of America

2.3.1 A snapshot of US Philanthropy

Modern philanthropy has been a prominent part of the world since the early 20th Century. Traditionally, institutions like the State and Church have promoted the concept of 'charity' that is giving and caring for the poor. As there are limits to how much money is available (supply) against a larger number of requests (demand), giving and caring is always measured, conditional and filtered.

Since the 19th Century, US philanthropy has grown in part for altruism and in part in response to the state's preference not to provide welfare state services and instead provide federal–income tax incentives for business to organise 'charitable' or 'non profit' services. Foundations became responsible for tackling many social issues rather than the state providing social services. Fleishman (2007) argues that Foundations have added to government policy and social issues through funding many institutions, scholars, research and not-for-profit organisations

(NFP) to inform our understanding of American society (Fleishman 2007, p31).

In the 20th and 21st century, philanthropy has grown exponentially with the International Grantmaking Highlights IV Report (2007) identifying a total of US$5.4 billion in private grants to international recipients. This included the vast health investments by the Bill and Melinda Gates Foundation and the regional focus of Sub-Saharan Africa and developing countries. Most of this international investment is through large NGO intermediaries and of this substantial investment only 0.0003 % is given directly to Indigenous people (Foundation Centre 2008). New philanthropists like the Gates have promoted venture philanthropy and social entrepreneurship. US Foundations have many terms for policies, programs and process that are unique to the industry. See Appendix 1 for a brief glossary of US philanthropic terms.

2.3.2 The World History of Philanthropy

Throughout the history of mankind people have given to others. Philanthropy has been part of the world since Greek mythology when Prometheus the titan was punished for his *philanthropos* (love of humanity) for stealing fire from the gods to give to

mankind. The Greek, Aristotle and the Roman's saw philanthropy as a means of state service; for the rich to help the state's citizens in the arts, sports and public buildings, not as the basis of social equity between the rich and the poor, the slaves. It was Christianity that started the doctrine that changed these civic values to more altruistic values of charity and service (Bishop and Green 2008, p22).

Modern philanthropists have expanded the meaning of philanthropy's altruism to encompass what Philanthropy Australia defines as:

> "the planned and structured giving of money, time and information, goods and services, influence and voice to improve the wellbeing of humanity and community good" (Philanthropy Australia 2009)

Others have defined philanthropy as less than altruistic. Sociologist Mauss (1971) called philanthropy reciprocal as altruisms, a mutual action, with a reciprocal nature that sees the receiving action is as important as the giving action. He thought that all giving inevitably creates a social bond in the form of an obligation on the receiver to reciprocate (Mauss cited Bishop and Green 2008, p40).

Bishops and Green (2008) describes five golden ages or eras of philanthropy with the first three in the UK and Europe from the 14th century, and the fourth and fifth in the USA from the early 20th Century.

The first golden era began in Britain and Europe in response to the Black Plague, disease was rampant and people were without their traditional village support networks. Wealthy merchants helped the poor that formed their workforce with basic care of food and hospital care.

The second golden age grew with the renaissance movement when new wealth merchants gave to the housing and education of their workforce; started the philanthropic concept of 'micro financing' by loaning apprentices working capital to start businesses; and began the practice of 'endowments' by giving foundations or charitable trusts enough capital for perpetuity capital (Bishop and Green 2008, p24). Philanthropic practice was so established that it was recognised in 1601 by the English Parliament's Charitable Uses Act and the Poor Law (Bishop and Green 2008, p23).

The third golden era began in the industrial age and the invention of the joint stock company. Philanthropy funded

social services like hospitals to assist with city and factory ill-health associated with rapid growth without sanitation. The need for social services continued to accelerate till the British government introduced the 1909 People's Budget for State Welfare funded by higher taxation (Bishop and Green 2008, pp.20-26).

In the early 20th Century, Bishop and Green's (2008) fourth golden age started in the US with the European immigrants and their values of giving experiences. The US Private Foundations started in New York in early 19th Century by rich industrialists like Carnegie, Rockefeller, Harkness and Sage. At this time, Britain and Europe saw a decline as the state increased delivery of the range of the social services that philanthropy had previously provided. The US Private Foundations grew steadily until the 1980s then exponentially, for example in 2005, when there were 49 US Private Foundations with assets above one billion dollars (Fleishman 2007, p267).

Foundations evolved into different forms of structures like the first community foundation in 1914 and corporate charitable foundations in mid century. In 1954, the General Electric (GE) Foundation started the first matching gifts program to encourage GE employees to support the needs of higher education

(Fleishman 2007, pp.268 – 270). In 1957, the Council of Foundations was established as a national philanthropic network to educate and advocate for the US philanthropic sector (Council on Foundations 2008).

Bishop and Green (2008) called the late 20th Century Foundation the fifth golden era as it began with foundation mergers for reasons similar to their business counterparts, both for market domination and economy of scale efficiencies. The 1990's also saw the birth of venture philanthropy with unimaginable wealth from business tycoons including George Soros and Bill Gates. They have promoted new spending policies of distributing all their wealth in their lifetime rather than the normal practice of spending 5% of assets annually. They also can interplay with international government politics though mostly they use business-based social entrepreneurship and operational policies and processes to deliver social services.

2.3.3 History of US International Philanthropy

In the 20th Century, Foundation's giving across national borders developed for humanitarian emergency, development and political action. As early as 1910, Carnegie started the Carnegie Endowment for International Peace to strengthen the global 'think tank' and in 1932 the Carnegie Foundation commissioned

the ‘Poor White Problem South African Study’ which is accredited as the blueprint for apartheid which recommended segregation to help the poor white people. More recently, Foundations like the MacArthur Foundation supported civil society groups to take action on global warming concerns leading to International Agreements like the Kyoto Climate Change Treaty and the Treaty to Ban Land Mines (Karoff 2004, p220). Also George Soros funded The Open Society Institute, whose aims are to shape public policy to promote democracy, human rights and social reform in Europe. His grants to Georgia’s NFPt sector was said to have been crucial in the success of the 2004 Rose Revolution which ousted the President and installed an elected Prime Minister and Cabinet. This is an example of how much large scale philanthropy can affect national politics and it would be more than interesting if this type of effort was applied to First Nation People’s causes in Australia.

2.3.4 US International Philanthropy and Health

Traditionally, US international philanthropy has funded many international health projects and services, through intermediaries and direct grants to US based organisations in other countries. The US is the largest investor in the world, in fact, in recent IFIP research all but one of the largest funders was from the US (see

Appendix 2 for the list of the highest giving by US, UK and Canadian Foundations and highest individual giving in the US).

US Foundations have adopted WHO's definition of health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2009). This definition is similar to Indigenous definitions of health as a holistic health of body, mind and spirit (NACCHO 2009). However, as the WHO 2008 Indigenous Plan outlined, much effort needs to change US philanthropic funding to fund more than disease and illness responses that are secondary and tertiary health care for medical treatment, reproductive services and immunisation (International Grantmakers Report 2008).

The largest and fastest growth in international giving is to health projects. There were 72,000 US Foundations who gave an estimated US $5.4 billion in 2007 for international causes with health projects receiving the largest investment of $1.8 billion (Foundation Centre 2008, pp.1-9).

At the recent WINGS Global Philanthropy Leadership Meeting, attended by many of the World's most influential Foundations, concerns were raised about the state of health investment rather than the quantum of Foundation money that was available. They

expressed these concerns through the leadership planning action goals for:

> "Foundations become better at sharing their non-financial assets (knowledge, networks, convening power, influence, voice);…better cross-border/global purpose collaborations work; and a paradigm shift that goes beyond solutions thinking to collaborative systemic change"
> (WINGS 2009)

See Appendix 3 for the Worldwide Initiative for Grantmakers Support Global Philanthropy Leadership Meeting's participants and note that all countries sent only one representative except the US which sent eighteen representatives (WINGS 2009).

Three foundations are outlined to describe aspects of international health funding in terms of size, interest in Indigenous capacity building and sector development in peak services and education.

The Bill and Melinda Gates Foundation is the largest funder of international health giving US$2 billion in 2006 and predominantly targeting India, particularly sub-Saharan Africa (Foundation Centre and IFIP 2009, p3). It administers funds through global intermediaries, concentrating on helping all people in developing countries lead healthy, productive lives (Gates 2009). It concentrates on developing countries so it does

not fund public health's social determinants categories of Indigenous holistic health or human rights health grants to First World countries like Australia.

The Ford Foundation is an old but large foundation that supports health through nation building and empowerment. Its international giving grew in 2001 to US$360 million through its Asset Building and Community Development (ABCD) program and though it does not overtly identify health promotion, its support of communities dealing with poverty and injustice fits with the determinants of health. There could also be a cultural security tie as the Ford Foundation aims to build

> "human, social, financial and environmental assets to enable people and communities to expand opportunities, to exert control over their lives and to participate in their societies in meaningful and effective ways"
> (Ford Foundation 2009)

Grantmakers in Health is the peak US Health Network for Grantmakers that gives to health in domestic and international regions. It works for change by means of information, education and advocacy for philanthropic investment in health. It educates grantmakers on the range of health grants including health promotion. In the report Knowledge to Action, it advocates that

public health programs include the social context associated with poor health outcomes by collaborative grantmaking with the other funders working in the same community on education, economic development and civic engagement sectors (Berkman and Lochner cited Grantmakers In Health 2007, p171). This peak body recognises 'health equity' by its disparities category, noting "Health disparities cannot be addressed unless placed in a broader context of socioeconomic disparities, racism, and cultural empowerment" (Grantmakers in Health 2007, p155). It suggests more grants to disparities, that is race and ethnicity, especially to the First Nations People living in the US and Canada (Grantmakers in Health 2007). Furthermore, Grantmakers in Health has suggested that US Foundations could improve their international health investments by revisiting and recommitting to catalyst style funding to:

- Support long-term strategies, and community involvement;
- Influence, educate and change policies and organisational practices;
- Mediate diverse groups, foster new coalitions and networks; and,
- Resource leaders, researchers and evaluation.

(Grantmakers in Health 2007, p155)

As the issues of the US and Canadian Indigenous people are similar to Australia's Indigenous people, these grantmakers may respond to applications from Australia's Indigenous people.

2.3.5 Current US Philanthropy Models

With a history of over 100 years of philanthropic endeavour, US philanthropy has documented and debated its terms, motives, styles and directions. Scholarships in philanthropy are wide spread through University and Foundation research programs like Askoha's innovators programs and Rockefeller's Global Impact Investing Network. Foundations have established whole university departments for example, the Skoll Centre for Entrepreneurship at Oxford University England (Skoll 2009).

There are two particular models of philanthropy that are relevant to this study of philanthropy and Indigenous people and barriers: Fleishman's (2007) three types of change roles of driver, partner and catalyst and Delfins and Tang's (2008) three theoretical models of elitist, pluralist and resource dependency.

Fleishman (2007) describes US Foundations as delivering three types of change roles based on three different power

relationships types of change roles; as driver, the grantmaker designs and technically manages the projects so they have the power; as partner, the grantseeker is enabled to share the project design and management, hence shares the power, and as catalyst, the grantseeker is given the power of project design and management.

The 'driver' style is directive, and one where the project is under the grantmaker's decision (and power) of money, goals, strategies and evaluation. The 'partner' style is a shared project where the direction and shaping is negotiated between the grantmaker and the grantseeker. The 'catalyst' style is where the Foundation operates giving all the power and full trust directly to the project, without expecting their own particular outcome or agenda to be followed (Fleishman 2007, pp.3-6).

These three types of change roles provide a solid framework for a discussion of remote and rural Australian Indigenous grantseeking as most grantmakers operate as a driver or a partner, the exception being the Christensen Fund that operates as a catalyst grantmaker. The catalyst style is a good match for/or to remote and rural Australian Indigenous grantseekers because it encompasses trust, respect and an equal relationship which are empowering.

Delfins and Tang (2008) summarised three theoretical perspectives as elitist, pluralist and resource dependency.
The idea that Foundations are part of an elitist hegemony is well established in philanthropic literature (Delfin and Tang 2008, p605). Like Fleishman's driver style grantmaker, the elitist grantmakers direct programs through their prescriptive grants. This total control is part of their power maintenance. Jenkins (1998) describes the pluralist perspective as a 'broad congruency of goals' between the grantmaker and the grantseeker (Jenkins cited Delfin and Tang 2008). The pluralist is similar to Fleishman's partner style of enabling grantseekers.

The resource dependence model describes an unbalanced power relationship where the owner of the resources, the grantmaker, has discretion over the grant use and the stability of their funding support has a large effect on the grantseeker. This model also fits with Fleishman's driver model again as the power is in the grantmaker's area. Both these theories create barriers for First Nations Indigenous grantseekers as the relationships are not 'shared power' relationships that build bridges between two cultures, they are 'power over' relationships that can reinforce the divide.

GrantCraft (2007) outlines a style of giving where grantmakers pay attention to race and ethnicity throughout the project's application, and its plan delivery and evaluation stages (GrantCraft 2007). Though its particular target group is people of colour in America, Indigenous grantseekers would benefit from more grantmaker's using this lens in their programming, as it looks at barriers from a social construction perspective and articulates power dynamics between the giver and the receiver.

2.3.6 US Foundations and Venture Philanthropy

Venture philanthropy, and its derivatives of social entrepreneurship, describe philanthropy in terms of business operations, so the 'not-for-profits' (grantseeker) organisations operate with 'for profit' commercial practices. These Foundations use their business skills for purposes of social good. Their language includes strategic, market conscious, impact-oriented, knowledge based, high engagement, goals of maximising leverage, and investment and returns (Dees et al 2002, pp.118–121).

Bishop (2008) describes philanthro-capitalism as driven by: "successful entrepreneurs trying to solve big social problems because they believe they can and because they believe they should" (Bishop and Green 2008, p12). He calls them 'hyper-

agents' because they can operate outside of bureaucratic restraints of public accountability, political parties and the corporate restraints of answering to the shareholders; so they can give long-term, take risks, try new models and make venture investments (Bishop and Green 2008, pp.10-12). Although 'hyper-agents' may operate with little accountability, Pallotta (2008) suggests they largely self regulate within the hegemonic parameters, for example, the micro financing leader, the Grameen Foundation Bank (Pallotta 2008, p13). Philanthro-capitalism gave people the capital they needed to build a business but did not raise capital in the stock market in order to increase the people's ability to be independent of this provision. This style of philanthropy does not change the hegemonic ideology; rather it changes the industry tools.

Drayton (2002) invented the term 'social entrepreneurship' in the 1980's to describe the role of philanthropy in large scale social change (Drayton 2002, p12). Social entrepreneurship occurs in a NFP business that has a social purpose yet uses the gamut of business entrepreneurial skills.

According to Ashoka, social entrepreneurs are "creative, tenacious individuals with unshakable motivation, they are needed to propel the innovation that is necessary for society to

tackle its most serious ills" (Mc Clelland cited Bernstein 2007). Evolving since the 1990's, it focuses on the role and impact of the organisational leaders, the individuals who discover, dream, and design innovative solutions for a better destiny for society's problems. Their work style is aligned to the appreciate inquiry model and create new ideas and new systems for wide-scale change. They are renowned to be tackling major social issues, replacing the government's leadership in just and adequate social services.

Social entrepreneurship's popularity escalated when grantmakers like the Melinda and Bill Gates Foundation, gave hundreds of millions for health initiatives in developing countries using business systems (Karoff 2007, p62). Other business minded Foundations went further with social entrepreneurship such as the Omidyar Network by becoming a hybrid profit and non-profit organisation to avoid silos between profit making and grantmaking (Bishop 2008, p120). These are still business models that share the same hegemonic ideals of the society where they operate.

Light's (2008) four components of social entrepreneurship are the person, their ideas, the opportunities and the organisations

networks. Drayton describes the personality of the entrepreneurs as driven, intuitive and solution focussed. They will search for an idea that will be his or her vehicle for leaving a scratch on history (Drayton cited Light 2008, p7).

As visionaries, these entrepreneurs use new ideas or processes to develop or champion change to social systems by seizing opportunities for change such as:

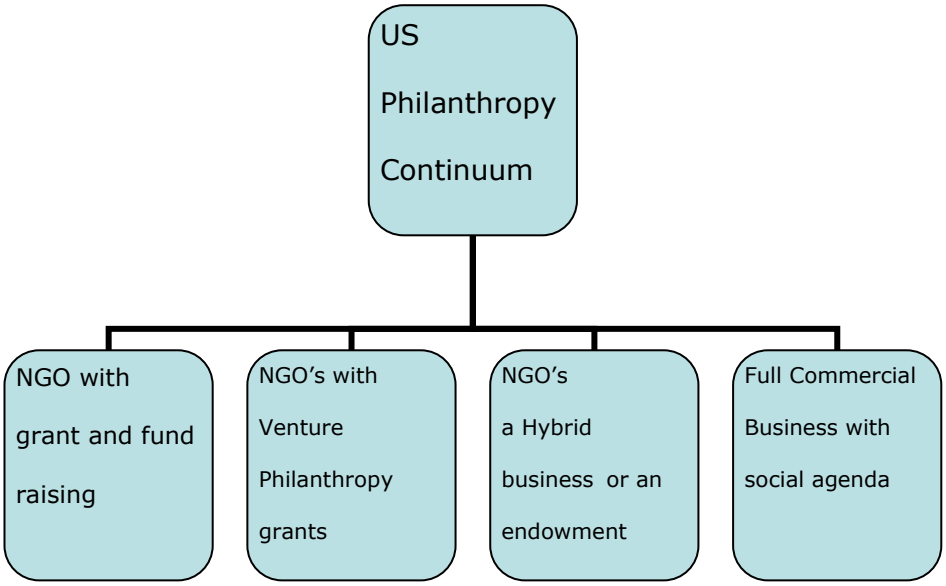
> "entrepreneurial opportunities as situations in which new goods and services, raw materials, markets and organising methods are introduced through the formation of a new means, ends or means- ends relationship"
> (Erckardt and Shane cited Light 2008, p120)

Social entrepreneurs need to work or lead organisations to drive their new ideas. The organisation can be a 'not for profit', a 'for profit', or a government organisation as it is the organisational focus and methods that distinguish it (Light 2008, p137). Ideally, the organisation's board supplies good governance and networks to support the entrepreneurial manager to succeed.

The language of venture philanthropy merges business and social justice language terms like Social Investment. Social Investment has been adopted in many Australian Universities in their Business school's philanthropy courses to describe how in investment a traditional business tool is used to generate social

economic results. Figure 1 outlines a US philanthropy continuum that illustrates traditional NGO's with fundraising on the left to full commercial social justice business on the right.

Figure 1: US Philanthropy Styles Continuum



Two other forms of venture philanthropy are micro-financing and Socially Responsible Investment (SRI). Micro-financing was developed by Muhammad Yunus (2007), who started giving small loans to the very poor people in India to enable them to conduct a business and get out of poverty (Yunus 2007). Micro-financing has grown and there are many banks now available for low interest small loans for small business purposes. SRI emerged in the US financial services industry involving over $2 trillion in professionally managed assets (Schueth 2003). Corporate philanthropy mainly uses SRI with the primary aim of

achieving a financial return through social or ethical types of investments, including:

> 'social investing, socially responsible investing, ethical investing, socially aware investing, socially conscious investing, green investing, values-based investing, and mission-based or mission-related investing all refer to the same general process and are often used interchangeably''
> (Schueth 2004)

In the 1990's, a huge growth in financial markets enabled business to achieve significant investment returns. The philanthropic sector copied the approach (Bishop and Green 2008, p220) and created large, independent advisory organisations to aid grantmakers managing their portfolio funds. From this change, Indigenous grantseekers whose projects sought community control through direct investment were impacted. The intermediaries act as business brokers, 'regranting' the Foundation's grants because they can do it more efficiently.

2.3.7 US Philanthropy in Rural and Remote Indigenous Australia

There is little US Foundation catalyst style investment in remote and rural Indigenous Australia. One exception is the US Christensen Fund that holistically funds biological and cultural

diversity for remote and rural Indigenous people in far north Australia (Christensen Fund 2001). Between 2000 and 2005, it gave $1,789,715 to remote Australian community controlled Indigenous organisations for language and cultural survival and reconciliation projects to assist Indigenous self-determination and sovereignty (Foundation Centre 2008).

Christensen recognises the appreciative inquiry model of discovery, dreaming and design by the community, aiming for the shared destiny. It works with a catalyst style philanthropy, providing long term funding to the group directly rather than the popular strategy of funding Indigenous projects and organisations through intermediaries.

Recently Chuck Feeney's Atlantic Foundation made large grants to the Queensland Institute of Medical Research and the University of Queensland's Institute of Molecular Bioscience for medical research that may indirectly assist remote and rural Australian Indigenous people (Myer 2006).

Section 4 Australian Philanthropy

2.4.1 The History of Australian Philanthropy

The Australian philanthropic sector started with charity in the late 1890's and has grown to current figures of several thousand trusts that contribute between $0.5b and $1b to the community each year (Philanthropy Australia 2009). Australia has the following types of foundations: private trusts and philanthropic trusts; family trusts; prescribed private funds; trustee companies; government initiated trusts and foundations; community foundations; and corporate foundations. They mainly fund in areas of health, the arts, the environment, education and medical research, and most are based in Victoria (Philanthropy Australia 2009).

Some examples of substantial philanthropic trusts and family trusts investment are the Victorian medical research institutes including the Kodak/Baker Foundation and the Baker Institute, the Myer family and the Howard Florey Institute and the Murdoch Children's Research Institute, the Walter and Eliza Hall Institute, and the Baker Institute (Myer 2006).

In 1977, Australia developed a peak philanthropy group similar to the US Council on Foundations called Philanthropy Australia. Currently, it has a membership base of 200 representing private, family, and corporate trusts (Philanthropy Australia 2009). Within its networking role, it has 'issue based' affinity groups who aim to 'shape' collective action on large issues. It has dedicated affinity groups including an Indigenous Affinity Group based in Sydney and Melbourne. The focus of the Indigenous Affinity Group is on "how best to inform philanthropic funders of Indigenous projects, how best to be engaged with Indigenous communities and the importance of evaluation" (Philanthropy Australia 2009). Appendix 4 is the Indigenous Affinity Group Sydney's and Melbourne's membership list and it includes Australia's largest foundations (Philanthropy Australia 2009).

Philanthropy began in Australia in 1813 when the first charitable trust organisation, the Benevolent Society of NSW, was formed in Sydney (Lyon 2001, p15). In the late 19th Century, the sizable Felton Bequest was the first donation to both charitable purposes and the arts. In the early 20th Century, Sidney Myer began large scale personal giving to the arts, education and poverty. After his death in 1935, the Sidney Myer Fund was established to continue his work and then in 1959, his sons Baillieu and Kenneth Myer

established the Myer Foundation. In 1983, the first community foundation, the Victorian Community Foundation, was formed. In 2000, the Foundation for Rural and Regional Renewal (FRRR) was established from a hybrid model of funding, one that was from a philanthropic organisation namely the Sidney Myer Fund and from a government source, the Department of Transport and Regional Australia. This model continues with new community foundations partnering their grants with their respective regional councils, dollar for dollar. FRRR has increased community foundations by giving community foundations establishment grants across Australia.

During the 20th Century, various government legislations supported Australian philanthropic development. The Victorian Tax Acts of 1907 and 1915, and the Administration and Probate (Estates) Act (Vic) 1951 allowed for no duty on public charitable giving which meant a reduction in death duty. These incentives lasted till the death duties were abolished in 1976. These tax saving incentives for close to 100 years underpinned the growth in the number and wealth of Victorian based foundations and as a result creating the belief that Victoria is the home of Australian philanthropy.

In the late 1990s, the Commonwealth Government began its agenda for individual and corporate giving by convening the Community Partnership Roundtable. In 1999, it was renamed as the Prime Minister's Community Business Partnership, branding the Prime Minister's personal support to its endeavours to investigate the incentives and impediments of giving in Australia. The roundtable was the catalyst for the government's first Giving Australia Report in 2005. In 2001, the Commonwealth also established prescribed private funds which corporate, families and individuals can use to establish a trust with tax benefits.

2.4.2. Australian Philanthropy Research

There is little research relating to Australian philanthropy.
The most relevant Australian research has been the 2005 Giving Australia Report, based on the Giving USA Report, that found there is a growing proportion or rate of giving and increasing generosity in giving (Lyon, MacGregor- Lowndes & O' Donoghue, 2006).

The authors found that Australian scholarly interest is primarily in volunteering, for example, volunteering and feminism by Baldock and Cass 1983, and social capital by Robert Putman 2000 (Lyon, MacGregor- Lowndes & O'Donoghue 2006, p4). Their view is supported by the fact that the Australian Bureau of

Statistics (ABS) have conducted research on volunteering, not giving. These authors suggest the reason for disinterest in giving research is that:

> "science researchers have generally regarded the giving of money with distaste, it was an affront to popular beliefs about Australian egalitarianism; it is viewed as an unfortunate residue of pre-welfare state days; associated with the churches; with the rich women and with the worst kind of noblesse – oblige philanthropy (Horne 1964) ….and that significant research has been on tax arrangements"
> (Krever cited Lyons, MacGregor- Lowndes & O'Donoghue, 2006, p5)

As Australian research has concentrated on volunteering and not the giving of money, there has not been opportunity for philanthropic research in economic, sociology, not for profits and social psychology sectors.

In the future, more research will be available through the several Australian university business faculties offering doctoral and post-doctoral work. The Queensland University of Technology, Sydney University, Monash University and Swinburne University and Asia Pacific Consortium of Philanthropy are dedicating their academic endeavour through their business departments. This is dissimilar to the US University system where philanthropy is broadly researched across economic, health, psychology and sociology departments. Indigenous communities benefit from

philanthropic research as their issues requiring support are wider than business needs.

In 2007, the Commonwealth Government contributed $12.5 million as an initial endowment to establish the Centre for Social Impact, a consortium of the Universities of Melbourne, NSW and Swinburne. The Government's sizable endowment showed its interest in research and education on:

> "grantmaking, corporate social responsibility, corporate community investment, nonprofit leadership, strengthen the capacity of community organisations and to help build cross sectoral partnerships"
> (Bonyhady cited Philanthropy Australia 2007)

The Commonwealth Government's Productivity Commission was established in 1998 as an independent research and advisory body for issues affecting the welfare of Australians. In 2002, COAG commissioned the Steering Committee to produce a regular report against key indicators of Indigenous disadvantage. The 2009 Overcoming Indigenous Disadvantage: Key Indicators Report reported some improvement in infant care and little other improvement on the close the gap objectives (The Productivity Commission 2009).

2.4.3 The Giving Report and Indigenous Australian People

Scaife's (2006) conducted a qualitative study as part of the Giving Report Australia. She conducted in-depth interviews and a focus group with Philanthropy Australia's Indigenous Affinity Group. Though invited, no Indigenous person or group participated in these interviews or focus groups. Though the reason for non participation is not cited, the research outcomes were the poorer for no primary Indigenous input.

Indigenous Australians were singled out for research because of both Indigenous high needs for philanthropic funding of projects and their inability to gain funding sources (Scaife 2006, p8). She also connected the importance of Indigenous research because of the cultural diversity, and stewardship of the world's remaining bio-diversity (Scaife 2006, p2).

Vanderpuye suggests there is room for improved Indigenous investment as global funding trends are very poor for marginalised groups (Vanderpuye cited Scaife 2006, p2). He found that less than one-twentieth of one percent of funding from US non-profit foundations is earmarked for Indigenous development effort (EGA 2003), which could indicate that more health investment could be argued if this Indigenous

development evidence was presented as part of Indigenous holistic health (Vanderpuye cited Scaife 2006, p2).

Another barrier is the 'crisis of confidence' (Scaife 2006) as both philanthropists and corporate grantmakers lack the expertise and knowledge to grant appropriately into this Indigenous sector. Insufficient Indigenous involvement during focus groups or interview has created a gap in the group's relationship with Indigenous people. Therefore, research on how to engage with grantmakers and Indigenous grantseekers is needed.

Dodson comments that "challenges to Australian philanthropy include a bureaucratic mindset that imposes rigid funding guidelines and accountability constraints with little account of our social or cultural value structures" (VACCHO 2004, p7).

Baum (2007) connects the Australian history of racism and marginalisation to and paucity of Indigenous social capital (Baum cited Carson et al2007, pxxv). Baum suggests that in the future, social capital be nurtured by "valuing Indigenous cultural and ethical choices and building trust and respect between Indigenous and Non Indigenous Australians" (Baum cited Carson et al 2007, pxxv). This suggestion was significant in supporting the appreciative inquiry research model of engagement through

four stages of discovery, dreaming, design, and destiny between grantmakers and Indigenous grantseekers. It is well recognised that respect and relationship between stakeholders builds effective Indigenous community designed and controlled projects. It is essential that Indigenous people are in control of the projects that are aiming to improve health (NACCHO 2009).

The HREOC Aboriginal and Torres Strait Islander Commissioner's Social Justice Report 2006 outlined steps for more 'Indigenous social and cultural capital' through the international development of the rights of Indigenous people including the UN's "making of global commitments to action the Millennium Development Goals and the Second International Decade of the World's Indigenous Peoples" (HREOC 2006). Both these commitments are due to be completed by 2015.

Scaife (2006) recommends future grantmaker research of structural and attitudinal barriers and solutions with Indigenous grantseekers. Future action should include exploratory research results on Australian grantmaking issues, critical funding needs and recommendations for fostering Indigenous non-profit funding. She suggested that small grants can play a key role as could enticing and supporting new grantmakers, co-funding, engaging Indigenous representatives in the decision making and

dispelling misconception of the area. EGA (2000) also highlighted the cultural communication problems by stating "the Indigenous groups are challenged to understand how foundations work and, conversely foundations are not always appreciated for their inputs to compliment traditional cultures" (EGA 2000, p1). This is an impasse unless both cultures learn how to bridge the divide.

2.4.4 Current Australian Philanthropy Models

Since the 1980's Australia's philanthropy styles have progressed from charity and bequeaths, to 'engaged based giving', to 'not for profits' social justice projects (Myer 2006, pp.2-5). It has been led by private foundations like the Pratt Foundation, the Myer Foundation and corporate organisations like Rio Tinto and Westpac (Philanthropy Australia 2009).

Philanthropy Australia was established as a dedicated peak organisation to advance philanthropic best practice (Liffman 2007). Though its role is similar to both the US Council of Foundations and the Foundation Centre, due to the small size of Australia's philanthropic sector, its services are mainly to support the establishment of an Australian Philanthropy Sector and as an information clearinghouse (Lyons 2001, p93).

Australian philanthropy styles are creative philanthropy (Anheier and Leat 2006), engaged philanthropy (Myers 2006) and venture philanthropy's social entrepreneurship (Liffman 2007). The Australian Foundations are few in number and small size relative to their UK and US counterparts (Lyons 2001, p92). They are not well established in Australian culture and tend to give short term funding to leverage, demonstrate or pilot projects of the Foundation's choice (Scaife 2005). This particular characteristic aligns to a programmatic based style that 'co-opts' organisations and trusts, and is a similar adoption of the powerful US philanthropic giving industry with its Private, Public, and Corporate Foundations and Funds (Liffman 2007).

Rupert Myer (2006) describes current Australian philanthropy as having a new array of terms to describe strategic grants making and contemporary philanthropy. He describes the 'engaged philanthropy' model, which does four things: has vision and focus; research; matches our strengths with other participants; and evaluates, learns and passes on these leanings (Myer 2008).

There is no specific research on Indigenous groups and the Australian philanthropic style of engagement through the Appreciative Inquiry model of dreaming, discovering designing and destiny.

The 2005 Giving Report indicated that Australian philanthropic styles are based on the US and UK Philanthropy (Scaife 2005). The Australian experience can be compared to Fleishman's (2007) change roles of driver, partner and catalyst; and Delfins and Tang (2008) three philanthropy theories of elitist, pluralist and resource dependency. In the 1990's, the Australian NFPs reliance on purchaser /provider matches the 'driver' foundation style as the underlying premise of directing project giving to organisations that will simply carry out the strategy, ensures the maintenance of the status quo (the elitist order). The NFPs provided the purchased service. The partner style of funding entailed some shared power so the NFP could shape strategy and through this involvement draw the two cultures closer together (pluralist theory). This is similar to the Australian system of shared responsibility in funding projects in the early 2000's. The catalyst style funds the NFP to assume total project direction as the expert in the field, similar to the proposed Aboriginal Healing Foundation and the National Indigenous Representative Body that are based on the right to discover, dream, and design the project towards a destiny of Indigenous self determination. These change goals address the resource dependency model as does the Cape York Institute's welfare reform projects that

prioritises policy and leadership to change Indigenous dependence on passive welfare reform (Pearson 2005).

In 2000, an Australian regional community foundation, the FRRR was established by hybrid funding in part from a foundation and in part from government. It began funding the establishment of community foundations in regional areas. The Lumbu Indigenous Foundation was also established with US funds to champion Indigenous inequity through education and advocacy.

Noel Pearson, Director of the Australian Cape York Institute, is nationally renowned for his social entrepreneurship style. He was recognised as the 2002 Social Entrepreneur of the Year by the Australia/ New Zealand Social Entrepreneurs Network for his work with Cape York Partnerships (Social Entrepreneurs Network 2002) 'Working at the Sharp End' Conference 2002). He exhibits Light's (2008) four social entrepreneur components as he leads commonwealth and state governments with new ideas and systems for welfare reform, and cultural and social development (Cape York Institute 2009). He designs and institutes the new solutions. He also tries to spread his models, including the Cape York Model, to other aboriginal communities even when they are resistant and critical (See Figure 2).

Section 5 Philanthropy and Indigenous Peoples

2.5.1 International Indigenous Philanthropy Grantmaking Trends

Since the new millennium, US Foundations have increased their international giving more than they have increased their national giving (Foundation Centre 2008). The reasons for this correlates to trends of increased sense of global citizenship and new US Foundations like the Gates and Soros Foundation which are seeking to spend all their endowments during the CEO's life time rather than the previous procedure of spending only a percentage of the endowment. In particular, the expansion of philanthropic investment in global health has come from the new and very large Bill and Melinda Gates Foundation expansion into international health and also by international development entrepreneurs like George Soros. These philanthropists are different because they are giving away their billions in their lifetime rather than traditional endowment foundations that give only 5% per annum of the endowment to enable the endowment to continue to grow often beyond inflation.

Another new international trend is that US Foundations use philanthropic intermediaries who have expertise in specific areas or issues, such as education or international development to

support social entrepreneurship. They work between the donor and the organisation for their expertise to bring efficiencies to investments. They have changed the traditional donors, giving money directly to those on the ground. There has been significant investment through intermediaries like the Acumen Fund that supports health, housing, and water projects in developing countries and Ashoka, which funds social entrepreneurs and civic engagement, economic development, health, human rights, and education, and Good Capital, which provides capital to social enterprises (Fritz 2009).

The rise in micro-financing and a promotion of women's small business in global rural areas have aimed to reduce MDGs (Simmons cited Karoff, 2004). Simmons suggests that global grantmaking should take into account leaders from both rural and city locations; this local leadership is vital because change, and particularly long term change, takes time and it's the local leadership that will see it through (Simmons cited Karoff 2004, p231). This is a similar strategy to Australia's Indigenous community control of projects.

IFIP commissioned the Foundations Centre to produce US International Foundations grantmaking to Indigenous Peoples Crossing Borders, Setting Trends in 2008 Report which showed a

significant trend of increase in US Foundation's $5 billion giving for international projects but that only 0.003% directly supported Indigenous projects as the bulk of funding is through US and other intermediaries (Foundation Centre 2008). The report showed that international giving has grown from $679 million in 1994 to $4.2 billion in 2006, and grown for Indigenous people from $28.8m in 2006 to $41.1m in 2007.

2.5.2 Indigenous Philanthropy Networks

Philanthropy could prioritise funding for Indigenous health across the globe. Efforts to increase advocacy for more international giving to Indigenous people comes mainly through the endeavours of global philanthropy networks and affinity groups. Grantmakers in Health is a large global network for health, (including Indigenous health) that educates Foundations on investment efficiencies and priorities. IFIP and Philanthropy Australia Indigenous Affinity Group are two networks that educate Foundations on how to improve their grantmaking with Indigenous people.

IFIP is the US Indigenous Affinity Group that the current study was based on. IFIP was established in 1999 as a Council on Foundation's affinity group to educate and advocate US

Foundations (grantmakers) to increase giving to Indigenous people's projects. It aims are:

> "To increase knowledge and understanding of the unique issues related to funding projects that involve indigenous people by providing a baseline of relevant information; encourage innovation and increase effectiveness within the grant making community by facilitating networking opportunities and an exchange of ideas and practical tools; and foster a cross-disciplinary understanding of indigenous people and the holistic contexts in which they live and work"
> (IFIP 2007)

Foundations could be encouraged to fund projects to redress Indigenous people as victims of violence, displacement from their traditional territories, malnutrition, health, poverty and cultural security. Also Foundations can play a pivotal support role against environmental challenges by Governments and corporations for the natural resources of traditional Indigenous territories (Arce and Frisch 2005). Foundations can fund across sectors like conservation and holistic health, and cultural security of Indigenous language, songs, dance, histories, government and religions. These types of support could assist their understanding of the WHO inter-relationship between health and wellbeing (Arce and Frisch 2005).

US philanthropy has a focused interest in US domestic rural issues. In 2007, the US Council on Foundations held the first

Rural Philanthropy Conference with an agenda of ideas to build better quality of life through philanthropic support of rural arts and culture; community philanthropy; economic development; education environment and natural resources; growing philanthropy; health and wellness; housing individual and family assets; and technology (Council on Foundations 2008, pp.137-140).

2.5.3 Philanthropy in Indigenous Remote and Rural Australia

The health status of Australians living in remote and rural communities is widely recognized as poorer than that of city communities and the Indigenous population of these communities have even worse health. Philanthropy or Foundations are some of the resources from which groups can seek assistance. There are only a few Foundations working with remote and rural Indigenous issues. Two community Foundations are the FRRR and Lumbu Foundation. Several other Australian Foundations are listed in Table 4 below, however this is not an exhaustive list.

The FRRR funds rural and regional issues by building new and existing NFPs infrastructure and community foundations (FRRR

2009). It is a valuable source for rural Indigenous people to apply for a small grant.

In 2000, the Lumbu Indigenous Community Foundation also started with the aim to change public policy so that Indigenous community controlled public institutions could problem solve, emphasising community capacity building and social capital (Katona cited CDI 2001). It sought partnerships between NFPs, private sector participants, corporate contributors and public sector agencies with a civic responsibility to Australian citizens. It did not survive and closed in 2006 whereas the non-Indigenous FRRR was well established.

Table 4: List of targeted Australian Indigenous Foundations

Aboriginal Benefits Foundation http://www.aboriginal.org.au/ Australian Indigenous Education Foundation http://www.aief.com.au/
Balunu Foundation Youth Fund Central Australia http://www.balunu.org.au/
Cape York Institute Youth Future Fund Northern Queensland http://www.cyi.org.au/supportus.aspx
Catherine Freeman Foundation Youth on Palm Island http://www.catherinefreemanfoundation.com/
Clontarf Foundation Youth Fund Western Australia http://www.clontarffootball.com/
Ian Thorpe Fountain for Youth http://www.ianthorpesfountainforyouth.com.au/
Indigenous Community Volunteers
Link Up NSW Stolen Generation http://www.linkupnsw.org.au/
NAISDA Indigenous Dance http://www.naisda.com.au/
Gunai / Kurnai Foundation Central Australia Education http://www.statetrustees.com.au/index.cfm?pageID=222&h=aboriginal&
Reconciliation Australia http://www.reconciliation.org.au/ Rio Tinto Aboriginal Foundation Aboriginal Health http://www.aboriginalfund.riotinto.com/common/pdf/ RTAF Brochure(2003).pdf

Source: listed websites

2.5.4 Indigenous People, First Nations People and Reconciliation

Australian Indigenous people are also funded under the term First Nations People. The term 'First Nations People' has grown in usage in Australia recently through the national representative movement. It is a global movement by Indigenous people to

promote the concept that they are not a minority group, that they are a nation state, in fact, that they are the First Nations state within another larger and dominant nation state (Kymlicka 1995).

Australian research on Indigenous people as 'First Nations People' is based on UN initiatives that conducts research on the world Indigenous people including smaller population cohorts of the four Indigenous people of Canada, US, New Zealand and Australia (United Nations 2009). The Indigenous people of these countries have been researched as a group of four because they are the First Nation People of the first world countries they live in and they all have poor health status (Freemantle, Officer and McAulley 2007). The Indigenous people are the Australian Aboriginal and Torres Strait Islander, Maori, Canadian Aboriginal, American Indian and Alaskan Native Peoples.

National and International Indigenous People Conferences and Conventions are sources for research on cross sector areas of holistic health issues of culture, environment and sovereignty. They deliver outcomes and targets like the International Indigenous People and Biodiversity Governance's Hundested Recommendations for Donor Best Practice. It was held in

Denmark and produced a list underlying concerns and action recommendations that echo the concerns of Australian Indigenous people's experiences of poverty and ill health and their desire for sovereignty and stewardship. The conference said:

> "Cultural and biological diversity are both being diminished by inappropriate development and poor governance. Efforts to reverse negative trends can succeed if there is a coordinated donor effort to: (a) actively apply: best practices that strengthen Indigenous Peoples' participation in civil society; (b) nurture more positive partnerships between governments and Indigenous Peoples; and (c) encourage the private sector to respect human rights and biodiversity"
> (Convention on Biodiversity 2001)

US Foundations could consider the application of all the three efforts of participation, partnership and respect.

The Close the Gap health research by Freemantle, Officer and McAulley identified a 17 year less life expectancy for Indigenous Australians than for non-Indigenous Australians, and this is approximately 10 years worse than in the USA and Canada, and New Zealand (Freemantle, Officer and McAulley 2007, p6). This reduction to 10 years by the other three countries indicates some success in improving health of their own Indigenous Native American People, the Indigenous Canadian People and the Indigenous New Zealand People respectively. It is of particular

concern that previous research on Indigenous health reported a 20 year health gap for all four countries and which all but Australia has narrowed by half (Freemantle, Officer and McAulley 2007).

The International Network for Indigenous Health Knowledge and Development's (INIHKD) goal is health research in Australia, New Zealand, Canada and America. This network has outlined the connection between ill health, colonialisation and holistic health. It describes the legacy of colonial dispossession as:

> "land alienation, forcible relocation, suppression of indigenous cultural practices, values and beliefs, loss of language, disruption of families, violations of indigenous inherent sovereignty and right to self-determination, treaties, international law and indigenous cultural law, and other factors, have resulted in indigenous peoples experiencing a deplorable health status compared to non-indigenous settlers"
> (INIHKD 2009)

Pearson (2005) outlined three responses for First Nations People's racism in Australia to address 21st century issues. The first response was to continue with a de-colonialisation argument so that the nation is fragmented through independence movements; the second is denial of all other nations and insist on one dominant state and, the third was a response based on recognition and reconciliation with multi-nations with the goal of

a united democratic state. This third response was close to Kymlicka's (1995) multi-nations model.

McCoy (2009) argues that when non-Indigenous people do not support the Indigenous journey of identity (reconciliation), these actions undermine the Indigenous process of engaging with 'modernity', a process that values the whole individual in a holistic manner (McCoy 2009).

Bradfield (2004) argues that recognition and reconciliation of a distinct Indigenous identity or First Nations People, challenges the national belief of 'one Australia'. Though popular acceptance of artistic cultural representations of a distinct Indigenous group or people is admired, he argues that "however overtly political claims are more worrying, being viewed not on their own merits but largely in terms of their ability to upset the unity of the state" (Bradfield 2004, p1). He suggests that proponents of reconciliation have to address the common psychological construction that it is incoherent to 'treaty with oneself' as we are all Australians and therefore Indigenous people are a poly-ethnic group not a First Nation People (Bradfield 2004, p1).

Noel Pearson has also recognised First Nations issues of dispossession and has proposed a radical reformist agenda that

"requires implementation of a broad program of economic, social, and cultural development initiatives." He has lead significant debate on replacing passive welfare Indigenous culture with models based on the Cape York Model. This model replaced a passive welfare Indigenous culture to one where Indigenous people are recognised as the First Nations People, actively living in both the non-Indigenous world and their world, and accordingly "we have to maintain our unique identities and homelands but have the capacity to move between two worlds and enjoy the best of both" (Pearson 2007).

2.5.5 Australian Indigenous Remote and Rural Health

In Australia, Indigenous health is categorised in geographic areas such as rural areas, remote areas and very remote areas to describe where people live relative to other places of human habitat. It is the accessibility or rather inaccessibility to the range of social and economic services including health, housing, education, food and recreation that increases for these populations as they increase with remoteness (Smith 2004, p91).

Australia has classified its vast continent into six types of geographical areas to assist planning of access to health services. They are major cities of Australia; inner regional

Australia; outer regional Australia; remote Australia; very remote Australia and migratory. In 2006, ABS said that 517,000 people identified as Aboriginal and Torres Strait Islander people and of these people 32% lived in major cities, 21% lived on inner regional areas , 22% in outer regional areas , 9% in remote and 15% in very remote areas whereas 90% of non-Indigenous people lived in major cities or inner regional areas (ABS 2006). Most Indigenous Australians live in outer regional, remote and very remote communities (ABS cited in Smith 2007, p93). There are 1216 remote Indigenous communities that housed 18 % of the total aboriginal population and their health status becomes worse the more remotely they live (Smith 2007, p93).

Living in remote and very remote Australia adds even more to ill health as the vast distances between communities adds to barriers of access to public health aspects of good nutrition, clean water, adequate housing, sanitation, employment and health services. Employment is a particular challenge living in rural, remote and very remote areas as it is limited by associated geographical costs such as transport. Employment is concentrated on the Commonwealth's Community Development Employment Program (CDEP) which is basically two days community/council work for an income equal to a pension. The

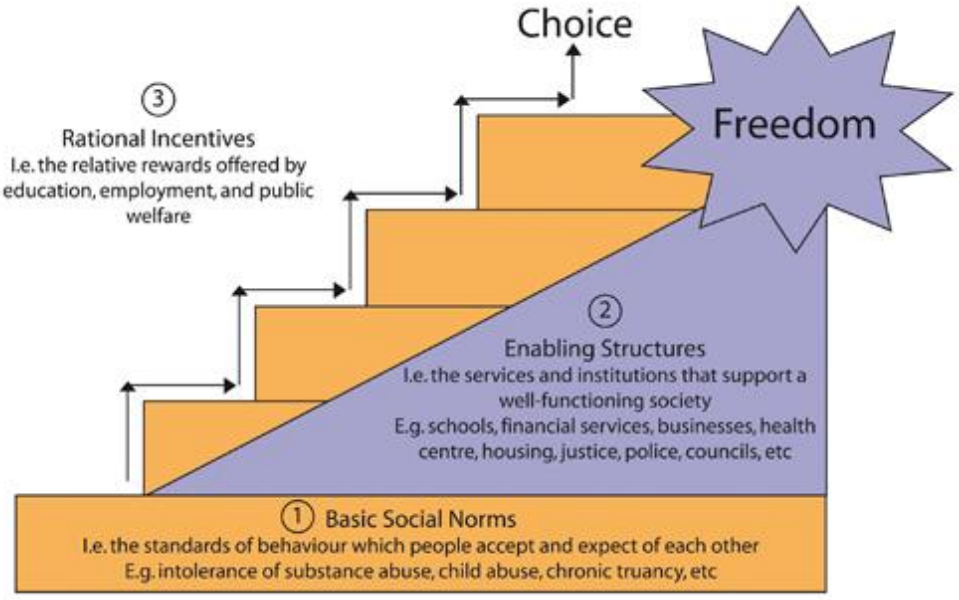
relationship between low socio-economic options and poor health is espoused by the social determinants of health association of an individual's level of income, employment, education, home ownership and their health experiences. The income levels are connected to access and choices with nutrition, housing, sanitation, employment and health services. There is a general acceptance that the connection between Aboriginal and Torres Strait Islander people's low socio-economic status also correlates to the four risk health factors of smoking, nutrition, exercise and obesity.

Usually remote and very remote communities have a "small and highly dispersed population, higher proportions of indigenous peoples and less access to all services" (Smith 2007, p92). Often formed by forced government relocation, the different clan groups were settled together without consultation and or consideration of identity or cultural links. Noel Pearson suggests that this forced relocation with various clan groups:

> "have taken a decisive toll on his people, their relationships and their values; and that these remote communities have become havens of social problems, violence and passive welfare dependence which seem too overwhelming for anyone to know where to begin"
> (Smith 2007, p175)

Figure 2 outlines the Cape York Agenda model that takes a staged approach to wellbeing through meeting the basics of life including health before working on higher needs till ultimately the goals of freedom is reached. It may be aspirational, however it is useful to consider as a model that outlines how actions that can interact to lead to upward cycles of health and conversely how actions can interact to be downward cycles of health.

Figure 2: Cape York Agenda Model



This model is similar to Maslow's (1943) Hierarchies of Needs model which is also a step approach where achieving basic of life is first then progresses to cultural/economic independence onwards to the goal of choice freed or self actualisation. Both

models are based on individual endeavour and not the holistic Indigenous view of collective effort.

In the 1980's, ACG focused on rural health disparities by establishing rural as a discrete category of service. Rural health specific institutions and services were established including the Rural Doctors Association, Rural Health Conferences, the Australian Journal of Rural Health, University Departments of Rural Health (UDRH) and Rural Clinical Schools Programs. In 2008, the Federal Government established the Office of Rural Health within the Health Department with the aim to improve rural access to health services. New funds were also available under the National Rural and Remote Health Infrastructure Program, and in particular to improve Indigenous health through the Indigenous early childhood package.

Chapter Three: Methodology

3.1 Design of the study and chapter outline

This chapter outlines the research methods and data collection. The underlying approach was guided by Rudestam and Newton's (2007) two primary kinds of knowledge acquisition: knowledge by description and knowledge by acquaintance (Russell cited Rudestam and Newton 2007, p7). The methodology drew on appreciative inquiry which uses discovery, dream, design and destiny to generative aspects of research questions that use positive views (Cooperrider and Srivastva cited Whitney and Trosten-Bloom 2003, p6).

The research methodology provided scope to adapt data collection sourced from the USA and Australia in order to account for differences in health terminology and Indigenous cultural norms. The study also explored the behaviour of US Foundation's giving through two psychological change models: The Trans Theoretical Model (TTM) by Prochaska & DiClemente (cited Lenio 2009) and the Identity-Based Motivation (IBM) Model by Oyserman (Oyserman cited Aaker and Akutsu 2009).

3.2 The Research Data

The research utilised three primary sources: an extensive literature review, a questionnaire and two workshops. The questionnaire was designed to collect qualitative and quantitative data from IFIP members. The study also considered secondary data through the Foundation Centre's research on US Foundation's International Indigenous Giving Trends Paper presented at the 2009 IFIP Conference (Foundation Centre and IFIP 2009).

3.3 Research Design

The original research framework was based on Dawson's (2002) five W's of research: What, Why, Who, When, Where, and with regard to two specific areas of interest:

1. What was the IFIP member's grantmaking behaviour to Indigenous people living in first world countries; and,

2. How could remote and rural Australian Indigenous people increase their access to international US Foundation's health giving? (Dawson 2002, p4).

The three Bloomfield's (2002) multiple preference philanthropic decision model aspects of interest also shaped the design as follows:

1. When US Foundations give Indigenous funding, what are the barriers and how they have overcome them;

2. The 'philanthropic' fit between US Foundations as grantmakers and Indigenous grantseekers in terms of matching the grantmaker's vision and mission; and,

3. The US Foundation grantmaker's decision impulses and habits of mind (Bloomfield cited Scaife 2006, p7).

The Appreciative Inquiry Model used the elements of 'discover, dream, design, and destiny in the workshops to generate discussion on how giving principles of US Fundations and Indigenous grantseekers under Bloomfield's second category of a better 'philanthropic fit' (Cooperrider and Srivastva, cited Whitney and Trosten- Bloom 2003, p6). The discovery element shaped the workshop's exploration of what are the 'giving' principles and values. The dreaming elements encouraged workshop participants to think without practical constraints and the designing elements created new words to describe 'shared-

giving' principles. The destiny elements were used throughout the workshop's language and processes to bridge the cultural divide between the US non-Indigenous Foundations and Indigenous grantseekers.

The research used the questionnaire to map Bloomfield's (2002) three areas of interest: the first is what US Foundations give to Indigenous Australians, the second is the relationship between grantmakers and grantseekers and this was researched through the workshops using the Appreciative Inquiry model (Cooperrider and Srivasta, cited Whitney and Trosten-Bloom 2003, p6), and the third is the Foundation's decision impulses which used the TTM and IBM to explore US Foundation's group behaviour.

The questionnaire was designed using the Cartography Principle for producing a map of what is out there to provide a list of quantitative data that is 'possible successful indigenous grantee factors' and some qualitative data or possible causal effects of grantmaking (Rugg and Petre 2007, pp.37-41). It was designed with reference to the US and Australian Giving Reports (Scaife 2005) using categories of inquiry based on literature and the research question (Rugg and Petre 2007, pp.154-155).

For the quantitative research, a self administered approach questionnaire was chosen as a 'best fit' due to the logistics of conducting research in another country. The interpretation errors or prestige bias were guarded against by pretesting the questionnaire with IFIP staff (Dawson 2002, p89).

The first questionnaire asked the US Foundations specific questions on the amount and types of health investments, and probing questions on why they did or did not give funds to Indigenous grantseekers. The questionnaire was distributed through the IFIP network because the Council on Foundation's Indigenous Affinity Group represents the largest US foundation network of Indigenous people globally (Council on Foundations 2009) and hence were an appropriate research partner.

The questionnaire was distributed through the IFIP network's membership of over fifty organisations. When there were no questionnaire responses, it was mentioned the questionnaire was too long by an IFIP Board member, so the design of the workshop questions were reduced in length with less specific questions on the individual US Foundation's giving in terms of dollars and broadened to their sector's trends of 'giving' in terms of behaviour including its 'giving' language (see Appendix 2). This change to broader sector data increased the emphasis of

researching grantmaking behaviour through the workshop increased the research reference to the two psychological behaviour theories, the Trans Theoretical Model (TTM) (Prochaska & DiClemente cited Lenio 2009) and the Identity Behaviour Modification (IBM) Model (Oyserman cited Aaker and Akutsu 2009).

The TTM focused on the decision making of the individual and is derived from leading theories of counseling and behaviour change to describe how people modify their behaviour according to their knowledge or awareness of the issues. The model offers five stages of intentional health behaviour change: pre-contemplation, contemplation, preparation to action, action, and maintenance (Prochaska & DiClemente cited Lenio 2009). The five stages are used in the health promotion programs that want to facilitate intentional change like the desire to change behaviour habits such as smoking (Velicer et al 1998) and have been used in its decision-making context.

The IBM Model (Oyserman cited Aaker and Akutsu 2009) proposed that identity-based motivation focused on the connection between identity-congruent action and cognitive procedures. The change premises are three fold; firstly,

identities are highly malleable and context sensitive; secondly, identity influences what actions people take (action-readiness); and thirdly, identity helps make sense of the world (procedural-readiness) (Oyserman 2009). Akerker (2009) suggests that these three insights can connect "whether and how much people give, and why people give or do not give" (Akerker 2009, p1).

The TTM model is commonly used in the health promotion sector to assist behaviour change in lifestyle health issues like smoking. The IBM model is also used in the health promotion sector for peer lifestyle change program like 'group think' behaviours such as bullying. The health behaviour insights are relevant to this study as US Foundation's giving behaviours are both individual and 'group think' behaviour.

3.4 Research Setting

The research undertaken was conducted both in Australia and internationally. The questionnaire was distributed by IFIP through email in America. The questionnaire was also offered in person during attendance at the 9th Annual IFIP Conference. It was at the Conference that one response was received. This response contained a nil response to the questions. Following the Conference, another email was distributed by IFIP and a personal email was sent to a large US Foundation as per their

request at the conference. There were no responses to the second email nor the personal follow-up email.

The first workshop was a joint conference initiative, by Native Americans in Philanthropy (NAP) and IFIP, to workshop US Foundation's behaviour of giving. The US Foundation's behaviours were explored through facilitated discussion on what are shared giving values, principles, shared principles and barriers between US Foundations as grantmakers and Indigenous grantseekers. My participation was as one of the facilitators, sole scribe and data compiler. The workshop morning findings were presented to the participants at the afternoon session for broad comment. They were also circulated to both the NAP and IFIP Executive staff (see Appendix 2).

The second workshop was held at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) pre-conference. It was advertised as part of the AIATSIS Conference September 2009 and also through several personal invitations to Indigenous Australians including Ms Pat Anderson, CRCAH Chairperson and Dr Kerry Arabena, the new National Congress Chairperson. It primarily followed the US workshop format in terms of values, principles and shared principles, and barriers. The workshop entailed a small group of 15, and the participants

considered 'giving' behaviour in terms of general Foundation giving behaviour, not only US Foundation's giving behaviour. A further question was explored by the group on what 'giving' actually gives.

3.5 Data Collection, Collation and Analysis

The collection, collation and analysis of information were conducted in line with Australian Research Standards. Data was collected between February 2008 and September 2009. The two main sources of data collection were public documents, observations and the material generated at two workshops implemented by the researcher. Public documents were obtained by attendance at the Council on Foundation's Conference at Washington USA in 2006, the Council on Foundations Summit in 2008, and the IFIP 9th Annual Conference in 2009.The selection of documents reflects the approach taken by the Giving Australia project's data collection of 'philanthropic behaviours' and documentation of some 'trend data on these behaviours' (Lyons, MacGregor- Lowndes & O' Donoghue 2006, p3). Observations were also noted at the two US Council on Foundation's Conferences and the IFIP Conference.

The US workshops data were recorded, transcribed and minuted. The Australian workshop data was minuted. Both workshops gained permission for the research.

The IFIP member questionnaire was distributed at both the 2008 Summit and the 2009 IFIP Annual Meeting. Due to pilot testing by IFIP members on these two occasions it was shortened to try to increase the likelihood of increased return rates.

The main data collection came from the above-mentioned two workshops on redefining Foundation's values and giving principles to Indigenous people. The first workshop in New Mexico USA was a joint effort by NAP and IFIP, primarily to start a conversation on the way forward to increase giving to Indigenous groups by redefining giving values, giving principles, donor's operational and demonstrative giving barriers, donors and indigenous cultural barriers, and shared giving principles.

The workshop's verbal comments were scribed and taped; written feedback on individual and table feedback forms collected and taped transcripts were transcribed. The transcripts were categorised according to emergent themes using Bloomfield's (2002) multiple preference philanthropic decision model. The final draft was compiled into documents including the Shared

Indigenous Giving Principles Framework which aimed at documenting a grantmakers giving behaviour as a benchmark to improve future funding relationships.

The workshop data used Appreciative Inquiry's tools of discovery, dream, design and destiny to achieve new knowledge (Cooperrider and Srivastvacited Whitney and Trosten- Bloom 2003, p6). The participants were questioned about the language they used in giving to Indigenous people, how it could be and what about other shared language and how might it increase giving. Questions investigated relationships between cross-cultural language and the philanthropic individual, and group behaviour of giving. The workshops aimed to discuss, share, and learn from each other about grantmaking behaviour change.

The workshop goal was to redefine the Foundation sector's values and principles of giving to Indigenous communities. It was hoped that the workshop would articulate better cross-cultural 'giving' communication between US Foundations as non-Indigenous grantmakers and the Indigenous grantseekers so that closer relationships could develop. The better communication could inform grantmakers so they could or would change/increase their 'giving' behaviour. Through a new understanding, it was hoped that new actions would emerge like

renewed commitment to direct Indigenous funding for holistic health projects. There was also hope for individual Foundations to become leaders or champions of more Indigenous giving across the sector.

The workshops were inspired by the desire to redefine the dominant cultures 'giving' language, hoping that this would change grantmaking behaviour to increase direct indigenous holistic health grants (NACCHO 1982). Appreciative inquiry was appropriate with this indigenous research as it pursued change in terms of:

> 'Sustainable transformational change in human systems through collaborative, participative approach to seeking, indentifying and enhancing life giving forces that are present when a system is performing optimally in human economic and organisational terms'
> (Watkins 2001, p13)

It was an optimistic, systems approach that acknowledged life forces such as:

> "We must work with the data in a way that continues the inherent values of conversation focused on life giving forces, while also developing the ground from which we can later build shared images dreams and visions of a preferred future"
> (Watkins 2001, p114)

In the workshops my role as a researcher expanded to a moderator- facilitator role and less as an interviewer (Punch 2004).

3.6 Sample

The questionnaire and one of the workshops was aimed at the IFIP's network, a global organisation which educates US Foundations on 'best practice' Indigenous giving and also advocates that these Foundations increase their direct giving to Indigenous people around the globe.

With the support of IFIP's Executive Director, MS Evelyn Arce, the questionnaire was distributed twice to its members. The questionnaire was distributed by email. Also during the trips to the Council on Foundations Philanthropy Summit in May 2008 and IFIP Annual Conference 2009, the questionnaire was offered directly to participants. Despite many of the IFIP members identifying as members who give internationally to Indigenous people and as members of Grantmakers in Health, Grantmakers across Borders,and Council on Foundations, the response was insignificant.

The workshop's participants were registered at Indigenous conferences: one focusing on philanthropy at both a national

level and on an international level, and one focusing on Indigenous research at a national level.

Participants at the USA workshop were from the US philanthropic sector and Indigenous people from the six continents of Africa, Europe, Asia, South America, North America and Oceania. Over 170 people participated in the workshop, with about two thirds of the group identifying as Indigenous people (including Native American) and a third identifying as non-Indigenous people. The group was a mix of grantmakers and grantseekers.

Two Indigenous men from Australia, though not present, contributed their workshop views prior to the workshop. The workshop was facilitated by two women representing NAP and IFIP.

At the second workshop, the AIATSIS conference participants chose to attend the pre-conference workshop. In total, 15 people participated in the workshop, with over half the group identifying as Aboriginal, one identifying as a Torres Strait Islander and 5 identifying as non-Indigenous people. Only one participant had been a grantmaker and most had been or were grantseekers.

The Australian workshop members also included three members of the researcher's company, Australian Grantmakers Services, so they were known to the researcher and each other. This could have increased research bias of steering a research agenda however, no one was briefed about any such agenda and all acted with independent integrity, contributing from their other areas of vocational interest.

3.7 Reliability, Validity and Storage of Data

The questionnaire data reliability and validity was inbuilt into the question design. They were based on limited use of semi-structured questions, relying on closed and some open questions (Rugg and Petre 2007, p138).

The questionnaire was reviewed by an expert panel consisting of the IFIP CEO, the Philanthropy Australia Research and Training Manager an AIATSIS Indigenous Researcher, and an Indigenous Statistician. Their responses were incorporated prior to using the tool.

The workshop data reliability and validity was inbuilt into the planning of the workshop. The role of the researcher was a facilitator, scribe and moderator. The presentation of the workshop in two different countries also increased the reliability

and validity. The same questions were asked in two countries to mixed groups of Indigenous and non-Indigenous people. One extra question was asked in the second workshop in Australia about: what 'giving' gives. It was asked to follow up some anecdotal US discussion about the many agenda behind the act of giving.

The questionnaires and workshop transcription records were stored as per NHMRC guidelines on a password protected computer to which only the researcher had access.

3.8 Ethics

The research project was submitted to the University of Southern Queensland Office of Research and Higher Degrees. It was endorsed with full ethics approval. The approval reference number is H08STU022.

The research ethics were based on the National Statement on Ethical Conduct in Human Research (NHMRC 2007) NHMRC, and the Guidelines for Ethical Research in Indigenous Studies AIATSIS (AIATSIS 2009).

The questionnaires and workshops were designed and conducted with respect for each culturally different individual and

group. Due respect was given to the Indigenous cultures and the peoples, and their elders, culture and land through all the research actions.

Distributive justice of the benefits and burdens of research guided the process and were available to all; and procedural justice through the fair treatment' in the recruitment of participants and the review of research was strictly adhered to by manner, process and procedures (NHMRC 2009). All three Indigenous organisations auspicing the workshops have received the workshops outcomes and requests for comments.

Beneficence was exercised in several ways, by assessing and taking account of the risks of harm and the potential benefits of research to participants and to the wider community, by being sensitive to the welfare and interests of people involved in their research, and in reflecting on the social and cultural implications of their work (NHMRC 2009).

3.9 Limitations

The research maintained its merit and integrity however there were some issues or situations that limited the research as follows:

- The quantitative approach of the questionnaire was limited by the fact that it had a poor response rate which meant it failed to collect valid data from the IFIP members, that is, only one member returned a questionnaire.

- On review of my own observation and IFIP feedback, the lack of questionnaire response could have been connected to the different health terms used internationally. US organisations did not appear to relate to terms of 'Indigenous health'. Under the US tax system, the IRC section 501(c)3 and 509(a) funding category is health, not Indigenous health so questions on the amount of funding given to Indigenous health internationally would not have fitted their reporting system. International Indigenous health projects would be more likely to be reported under the category of international development.

- At the Council on Foundations Summit in 2008, IFIP gave feedback that the questionnaire was too long. Also the relationship with IFIP was just establishing at that time and since US philanthropy place strong emphasis on positive business relationship in their work, the researcher was an unknown entity.

- The IFIP 2005 research by the Foundation Centre on 'Foundation Grantmaking to International Indigenous People' showed so little investment that Foundations may have been reluctant to complete a questionnaire if it detailed their low record of investment.

- Finally, the US philanthropy research world is vast, high level and centred in the US and the UK. The research often has direct or indirect sponsorship through a sponsored University Department and/ or a Foundation. An Australian masters of health by research may not have competed in terms of academic status.

The workshops employed qualitative research referring to appreciative inquiry techniques. The main research limitations were associated with 'qualitative research and postmodernism which sees "knowledge as dependent on socio- cultural contexts, unacknowledged values, tacit discourse and interpretive traditions" (Usher et al cited Punch 2004, p146). These variables make data show trends rather than facts.

The qualitative research view of language limited the workshop research which was centred on the cross cultural language of giving. The truth in language was interpreted as:

> "the innocent view of language as a medium for the transparent representation of externally reality is replaced by the view that language centrally implicated in the construction of knowledge in its inevitable political context. In addition the inability of language to pin down fixed meanings and representations of reality is well suited to postmodernism's stress on the constant process of interpretation and reinterpretations by which social reality is created and maintained"
> (Punch 2004, p146)

The truth of qualitative research outcomes was not biased by the researcher's values and knowledge (Punch 2004, p146). The researcher restrained herself to not be part of the group when scribing, interpreting, and collating data on all the associated themes.

Chapter Four Findings

4.1 Introduction

This chapter presents the data that was sourced, its key aspects and provides details of the subsequent data analysis undertaken.

The research approach was guided by Rudestam and Newton's (2007) two primary kinds of knowledge acquisition: knowledge by description and knowledge by acquaintance (Russell cited Rudestam and Newton 2007, p7). The knowledge acquisition data was acquired by knowledge by description in the literature and at the workshops, and by knowledge by acquaintance at the Council of Foundations Conferences and IFIP Conference.

The methodology drew on Cooperrider and Srivastva's Appreciative Inquiry using discovery, dream, design and destiny (Cooperrider and Srivastva cited Whitney and Trosten-Bloom 2003, p6). Appreciative Inquiry was very informative with the workshop designs as they aimed to have a positive view without emotions of blame associated with the past but rather focused on how giving could be better.

The research of the literature review, questionnaire, workshops and IFIP survey revealed an intrinsic difference between the

capitalist culture of non-Indigenous grantmakers and the innate culture of Indigenous grantseekers. The non-Indigenous grantmaker's programs have ethno-centric principles which promote homogenous societies. There is challenge for Indigenous grantseeker's to compete.

The literature review focused on Weber's perspective of class and Kymlicka's view of multi-nations. The questionnaire data highlighted that Indigenous Australians used the term 'health' to mean a broad notion of holistic health and public health most aligned to the Ottawa Charter of Health Promotion and the Bangkok Charter for Health Promotion in a Globalised World. Though US Foundations also recognised public health, they used the term without a health promotion lens, mostly working with disease and illness areas in secondary and tertiary health settings.

The workshops compiled some new capacity building directions for US Foundations to give to Indigenous people. The US based workshop delivered a vision of 'one world' acting on four shared principles of reciprocity, respect, relationships, and responsibility. The outcomes included new Shared Indigenous Giving Principles as communication tools to engage and change the current trend of decreasing Indigenous investments.

The smaller Australian based workshop compiled giving principles that focussed on addressing racism of giving by shared giving language that promoted Indigenous human rights. From both workshops and the literature, a new direction was created for another philanthropic style called 'cultural entrepreneurship', which would blend two ideologies: cultural harmony and business skills like social entrepreneurship does for social justice and business skills.

The secondary data obtained through the Foundation Centre research for the IFIP Conference showed that direct Indigenous spending is decreasing by US Foundations. Whilst overall funding for health is increasing, it is being channelled through intermediaries and specifically targeting disease prevention projects. There was also decreasing investment for human rights.

Finally, the approach reflected the Giving Australia project's recommendation of data collection of 'philanthropic behaviours' particularly through the use of the IFIP 2009 Conference Paper by the Foundations Centre on recent US Foundation trends. This secondary data reflected the Giving Australia project's recommendation to research some 'trend data on these

behaviours' (Lyons, MacGregor- Lowndes & O' Donoghue 2006, p3).

4.2 The Study Variable Analysis

Several variables describe the cross section of relationship between the data, concepts and ideas. In this study', the independent variable or predictor, was the grantmakers and the dependent variable or criterion, was the grantseekers. The mediating variable was the hegemonic culture match or non-match between the predictor, the grantmakers and the grantseekers. The mediator (culture) is the mechanism through which the predictor (the grantmakers) affects the outcome (Indigenous People's Health) (Baron and Kenny cited Rudestam and Newton 2007, p13).

Due to several centuries of colonialisation and conquest, Indigenous people live in multi-nation countries as the dominated nation. Though technically the country is a multiple nations country, the dominant nation ensures the first nation and its people remain effectively as secondary citizens through policies of ethnic assimilation. The UN leads a movement to recognise Indigenous People's human rights which includes the recognition of Indigenous people as the First Nations People of their countries.

The associated socio-economic consequences have fostered chronic poor health outcomes. This situation is further complicated by a lack of power, status and ideological persuasion from their sub-ordination. Unfortunately, in seeking to redress societal health issues, grantmakers perpetuate the Indigenous status quo.

Grantmaker's key philanthropic position within the dominant nation ensures an ideology of capitalism, consumerism and individualism through projects that have more affiliation with social services and employment than social justice and human rights. US Foundations are not the poly-archy political agents of the 20th Century; they act more as the agents of a business world providing social services to its people who could be seen as a potential labour force and its consumer market. Throughout the history of philanthropy and its five golden ages, philanthropy's support for charitable giving has been tied to the philanthropist's business interests of maintaining and ensuring a healthy, skilled workforce.

There is a well accepted and common knowledge that Indigenous people are among the poorest people in the world, with very poor health and low life expectancy. Australia Indigenous

people, who live in a first world country, have a 17 year lower life expectancy than non-Indigenous people and this is 10 years greater than Indigenous people living in USA, Canada and New Zealand. Remote and rural Australia Indigenous people suffer even greater ill-health due to the tyranny of distance to health services, their abject poverty and the burden of decades of grief and trauma from dispossession of land and dislocation from family, clan and kinships.

The literature review pointed to the grantmaking behaviour of US Foundations being a critical determinant to the success of Indigenous people's applications for assistance. Catalyst and strategic giving has lost favour to venture philanthropy and social entrepreneurship which has limited funding to remote and rural Australia Indigenous people.

The dominant nation reflects their cultural dominance through their values and principles of 'giving' goals, strategies and evaluations (Bishop and Green 2008). The current popular style of international venture philanthropy through international and national intermediaries operates from western business models of efficiency and profit that aims to get the most results or do the most good.

The cycle of competitive grants is used by the philanthropy sector to argue that demand (grant applications) always exceeds supply (grant funds) and to justify that selective practices are necessary. However, this basic market-based argument is an expedient construction as the grantmakers have large amounts of money stored in their endowment investments. The majority choose to distribute only 5% of funds rather than expend all their funds within their lifetimes. They are required to show little accountability, transparency, or efficiency whilst the grantseekers have to show many reports to gain grants (Dwyer 2008).

The current 'giving' model excludes rather than includes giving to Indigenous grantseekers. Holistic health improvement initiatives from Indigenous people in developed countries like Australia are not currently competitive in the eyes of most US Foundations as they are committed to 'doing the most good' in developing countries. International giving is concentrated on Indigenous projects in developing countries that targets MDGs. MDG investment is 56 % of all giving (Foundations Centre 2008).

Indigenous project proposals operate with a far broader definition of health that incorporates reciprocity and holistic health: that is, body, mind and spirit. These do not match well

to non-Indigenous views of health that are focused on illness treatment and disease immunisation through secondary and tertiary health care settings. The growth of US grantmaker's interest in health promotion project outcomes may offer broader health categories for Indigenous grantseekers to apply under.

The research also identified language term differences for health between First Nations People and the dominant nation's people. First Nations People terms of health are based on an understanding of holistic health that incorporates body, mind and spirit. It also places mother earth or the land at the centre of their health. Similarly, Indigenous people use other words for giving, like reciprocity, which sees giving as circular or giving is receiving and receiving is giving; it's one and the same, without the power relationship of a giver and a receiver.

In spite of US Foundations role as the third sector of tradition western societies and their overt support for the UN Declaration of Indigenous Rights including First Nations People's rights to cultural security, the style of the majority of their funding actions are not under a poly-archy role as social justice champions. They have remained faithful to their business sector roots within their dominant nation. This is evidenced by the process of competitive funding grants assessed on venture philanthropy

criteria of best social enterprise practice. This can be contrary to First Nations People's cultural practice of business. Mainstream business values individual wealth whilst Indigenous people's business values the clan/ tribe/ kinship (community) wealth. However, it is similar to the dominant nation's government assimilation policies which offer resources if the First Nations People relinquish their right to cultural difference and indeed assimilate within the capitalist aspects of work and consumerism.

Indigenous projects that articulate goals of holistic health which includes cultural safety and human rights do not present a good match with the philosophical goals of US Foundations. Indigenous projects aim to preserve their unique social system and culture, whereas US Foundations are not attuned to viewing these through a holistic health lens.

The situation is compounded by a trend of international funding through intermediaries that is incongruous with the principles of community controlled projects sought by remote and rural Australia Indigenous people. Direct giving enables Indigenous people the right to self determination of the project or community control of the project.

For US Foundations to use a reciprocity giving model, they would need to relinquish some of their hegemonic policies. Such a cultural change may not be realistic. Rather, a deeper understanding of cultural differences may support one change stage to enable improved relationships and outcomes.

4.3 Questionnaire

After two mail outs through the IFIP membership network, there was one return from one IFIP member. The sole response indicated no funding investment even though the Foundation's representative had verbally stated that they invested in Queensland rural Indigenous groups for language projects. The sole respondent considered this funding for language survival as international development, part of culture and not part of holistic health.

The response increased the importance of the workshop data on shared language. Furthermore, it highlighted a language difference in the usage of health terms between the US and Australia. Indigenous Australians use the health term broadly, incorporating holistic health, that is, body mind and spirit ; human rights; cultural security, public health care of promotion, prevention and early intervention whereas the US Foundations use health terms in a secondary and tertiary health context.

The low response also increased the importance of the qualitative secondary data from the IFIP 2009 Conference Paper by the Foundations Centre on recent US Foundation trends.

4.4 Workshop One

This workshop relied on detailed planning, staged facilitation, and the collection of data from the NAP and IFIP staff group as a whole, from individual contributions and from table feedback forms. The planning reflected Appreciative Inquiry elements of discovery, dream, design and destiny (Cooperrider and Srivastva cited Whitney and Trosten-Bloom 2003, p6) and included consideration of the following questions:

- Discovery: What giving to Indigenous people is?
- Dreaming: What could giving to Indigenous people be?
- Design: How a new system of giving could work? and
- Destiny: What changes would these giving changes bring to Indigenous and non Indigenous cultures?

All the material was collated into draft themes for participant's review and comment, and the final draft summarised into an IFIP working document, the Shared Indigenous Giving Principles Framework for working with Indigenous people internationally. These principles sought to increase the effectiveness of cross

cultural communication between foundations and individual grant seekers.

In compiling the Shared Indigenous Giving Principles Framework, a two stage process was used to compile the workshop material as follows: firstly, original transcripts were categorised into emergent themes using Bloomfield's (2002) multiple preference philanthropic decision model; and secondly, behaviour trend's TTM and IBM (Oyserman cited Aaker and Akutsu 2009).

In the first round, the workshop data was grouped into eleven Indigenous people's values, twenty Indigenous people's principles, and nine barriers to giving to Indigenous people. The second round then asked workshop participants to further categorise the data based on its relevance to their own organisational view of shared giving and this produced nine shared giving principles. Workshop one's data details are listed in Appendix 4.

The data analysis revealed a collective belief that culturally inspired giving principles rooted in the Indigenous customs of reciprocity, relationship, responsibility and respect would educate Foundations towards giving. They were called the Shared Indigenous Giving Principles or colloquially the Four R's.

In essence, giving to Indigenous people needs to be holistic, organic and motivated by cultural norms. Table 5 outlines the elements of culturally inspired giving in terms of four themes of reciprocity, respect, responsibility and relationship.

Table 5: The Shared Indigenous Giving Principles

Reciprocity	Foundations are committed to the Indigenous Culture of Reciprocity. They acknowledge and recognize that: Giving and receiving is interconnected and organic; We are a world family - the north and south hemisphere are connected We are a holistic family that honours and connects with elders and spirituality The natural resources are our family and our time of earth is limited so healing is our future
Respect	Foundations give dynamic and inclusive investments directly to indigenous communities. They are based on processes and policies of : Empowerment and entrepreneurship Transparency; access and open processes Courage, risk taking, flexibility and adaptability Investing more than money
Responsibility	Foundations are committed, passionate and courageous champions of Indigenous needs'. They work with : The UN Declaration of Indigenous Rights Seek organizational indigenous representation
Relationships	Foundations seek long term engagement through learning relationships They seek The meeting points of the 'conversation' in livelihood, security, empowerment and rights. Organizational indigenous representation Shared relationships based on cultural respect not power

Subsequently, two overarching themes were developed by workshop participants: Mother Earth wisdom; that we are a World Family, and that grantmakers could pursue cultural entrepreneurship. The themes were described as follows:

Mother Earth's Wisdom of a World Family portrays grantmakers and grantseekers as residents of a global or world family and, the act of giving, encompasses traditional boundaries (both northern and southern hemispheres). As Mother Earth is the centre, her finite natural resources are challenged globally by events such as climate change that were previously considered a regional issue. The global family is intimately connected and no longer can the indifference to southern hemisphere's unique living standards and associated hardships continue. Important features of a world family include the wisdom of elders, the importance of respect and honour, and the primacy of spirituality. Communication across cultures is a shared responsibility of engagement about livelihood, security, empowerment, rights and mutual learning occurs through conversation and relationship.

First Nations Entrepreneurship (FNE) seeks to have Foundations give grants that are politically and culturally just, similar to the

social entrepreneurship style of social justice through business efficiencies. Like the social entrepreneurship which values social equality, FNE could value both Indigenous holistic health as it does the western view of health. It could see that improvement with this issue is the aim of investment and could be an effective change tool for more social inclusion. If US Foundation's adopted FNE, their programs and policies could more closely follow the UN's agenda of the Declaration of Indigenous Human Rights and WHO 's Indigenous Health Plan. It could spark a shifting of Indigenous investments from intermediaries to direct partnerships; replace short term funding with long term projects; and ensure a more holistic grantmaker and grantseeker relationship where resources beside the money are shared. Related policies and processes would build cultural capacity so that the Indigenous people and the dominant culture co-exist, thereby achieving ethno convergence not ethnocentrism.

Workshop One's two themes could be the basis of a Compact of Understanding between US Foundations and Indigenous grantseekers as described in Table 6.

Table 6: Workshop One Draft - A Proposed Compact of Understanding for US Grantmakers and Indigenous Grantseekers

Theme : Mother Earth's Wisdom for a World Family
• We are a world family - north and south hemisphere connected • We are holistic family, respects , honours, connects with elders spirituality • Engagement and learning happens through conversations, relationships, shared responsibilities • The meeting points of conversation are livelihood, security, empowerment and rights • Natural resources are our family - Our time of earth is limited
Theme : First Nations Entrepreneurship : Policy and Processes including Indigenous Leadership
• Giving and receiving is interconnected and organic • Culture is dynamic, inclusive and exclusive • Direct partnerships not through intermediates • Long term relationships, that are flexibility and adaptability • Capacity building policies and processes that include learning and 'failures' as outcomes • Grant making is one part of the investment process • Foundations are committed, passionate and courageous, addressing Indigenous needs by incorporating the essence of UN Declaration of Indigenous Human Rights including organizational policy including indigenous representation. • Foundations promote Indigenous Projects and Program Leadership **-** Condor to Eagle

Source: Workshop One - Shared Indigenous Giving Principles Publications

The US workshop outcomes have been published three times since March 2009. The first was in The Sharing Circle, IFIP's September 2009 Newsletter which published the Shared Indigenous Giving Principles calling them the Four R's as written in Table 6. Then, NAP presented the Four Rs of the Shared

Indigenous Giving Principles Seminar Paper at the 2009 Alaska Seminar: Private Philanthropy, Indigenous Capacity Environmental Stewardship, and most recently, by NAP's Executive Director Joy Persall in the Council of Foundation Article on Inclusiveness and Diversity in October 2009. Persall said:

> "The guiding values of respect, relationships, responsibility, and reciprocity can provide a dialogue framework to deepen our understanding of the challenges and opportunities for the practice of diversity in philanthropy resulting in positive impact and systemic change. Philanthropy's intentions are to have impact and social benefit which are inherently inclusive of our environment and sovereign nations. If these key values are not incorporated into our practices we will not experience progress toward our impact goals. Rather than gaining strength derived from weaving the richness of perspectives, cultures, and visions philanthropy will continue to experience divisiveness, alienation, and the perpetuation of inequity"
> (Persall cited Council of Foundations 2009)

4.5 Workshop Two

The workshop data produced a theme of a renewed engagement, moving forward from systemic racism through the adoption of Indigenous Equitable Practice, that is Indigenous Human Rights policies and processes. There were statements on Foundation's commitment to the Indigenous culture of reciprocity, relationship, representation and respect. The conversations focused on operational issues describing 'giving' values as an extension of family kinship, as sharing, 'sometimes a 'bite' or ,

'bate', with dimensions of obligation and responsibility through to assurance and empowerment.

Foundation's Goal: Addressing Indigenous Human Rights

The workshop data clustered in categories of statements, beliefs and ideals about giving. One principal category was based on the belief that giving is not optional charity but part of Indigenous survival. Giving should not be an obligation, nor manipulative nor exploitative but could focus on relationship building, flexibility and trust. The types of giving were tangible donations like money, goods, services and the intangible giving of yourself, your time and or your career.

The Australian Indigenous view of giving within culture was also described to be a double-edged sword of responsibility, obligation, and dependence to sharing or 'bite', 'bate'. The recipients of giving target family, peers, community, and extension of family kinship.

Foundations' Goal: The Equity Investment

The second principle category discussed the complexities of giving and many reason behind the giving. Suggestions for revisiting and reframing the giving culture were centred on finding a middle ground between grantmakers and grantseekers.

Outcomes of more equitable relationships would justify the conversations. The motivation for the renewal was connected to reciprocity; that giving is also receiving and the satisfaction of better outcomes like equality, tolerance and hope between Foundations and Indigenous grantseekers. Authentic representation was a high area of interest for future directions as a strategy to counter the politics of hegemonic racism.

A list of giving values and principles is provided in Table 7.

Table 7 Workshop Two Data Human Rights and Equity Investment

	Giving Values	Giving Principles
Foundations assist Indigenous Human Rights	Interest tied to issues and complexities of giving, there are many reasons behind the giving action Physical donations: money, time, goods, services. charity give of yourself, your time, your career Family, peers, community, extension of family kinship Sharing, 'bite', 'bate', Assurance, obligation, responsibility Survival**:** not charity , not tied to obligation, not manipulation or exploitation	Direct giving - to the people who need it, not through big organisations realignment Relationship, renewal building start of a relationship Flexibility, non judgmental, successful, get there,
Foundations make Equity Investment	Change the focus of grants being Process driven Socially responsible Investment, Tax breaks Owed, work, effort What's in for me, satisfaction Requirements are all on the Grantseeker Self Gain, Partnerships Selling natural resources not corporate support Cultural obligation, Cultural responsibility, Cultural dependence	Reciprocity, equality, tolerance Middle ground Prayer, offerings, hope Appreciate all the value of what I'm getting Equity between partners Representation in planning and delivery Revisit planning and programs Redefine style Empowerment, new partnerships, mentoring

There were common elements of the first workshop's the Shared Indigenous Giving Principles or the Four R' s; Reciprocity,

Responsibility, Respect and Relationship. The second workshop data was also considered in terms of Bloomfield's themes and produced data in terms of the Five R's, for grantmakers to consider. They were Recognise, Realign, Revisit, Redefine and Representation.

This theme of addressing Indigenous Human Rights is outlined in table 8.

Table 8: Workshop Two Themes for US Foundations

Recognising Indigenous People as First Nations People	To consider Indigenous Human rights funding through health and cultural security projects.
Realigning the definition of health	To include the indigenous health definition of holistic health- healthy body, mind and soul or the more holistic non indigenous health definition of public health and health promotion.
Revisiting the style of catalyst philanthropy	To match the Indigenous culture of community controlled projects.
Redefining the Venture's Philanthropy Style to Equity Investment (EI)	To process Indigenous applications through an Equity Cultural lens that 'includes' other nation's culture rather than 'excludes' it.
Representation in all Grantmaker's programs	To have Indigenous People on Board and teams

4.6 A Compact of Understanding between Indigenous Grantseekers and US Grantmakers

Both workshop's data documented the difference in the words for giving principles values and barriers between the Indigenous grantseekers and non-Indigenous grantmakers. The difference in what the term 'giving' meant was similar to the difference in what the term health meant and the two cultures had different terms for health and giving. Non-indigenous people's terms of health meant terms of primary, secondary and tertiary health care. It was based on WHO's goal of health of Alma Ata - Health for All (meaning health for all individuals). The indigenous term for health was very broad, including the body, mind and spirit. It was based on a goal of health for all in terms of the individual's unit of kinship, clan or community and also the health of the land or Mother Earth's natural resources. The health of the community's body, mind, soul and land are all part of Indigenous health.

Both workshops suggested US Foundations change action based on either two new philanthropic styles of giving: of Cultural Responsible Investment or Equity Responsible Investment.

Table 9 outlines a possible Indigenous grantseekers Action Plan based on the two workshops data.

Table 9: A Compact of Understanding between Indigenous Grantseekers and US Grantmakers (Source: Workshop One and Two Themes)

Vision: US grantmakers believe that Mother Earth's is a one world family	
Mission: US Foundations adopt the Culturally Entrepreneurship philanthropy style	
US Grantmaker's Principles	Reciprocity, Responsibility, Respect, Relationship
US Grantmaker's Strategy	Revisit Realign Recognise Redefine Representation

4.7 Grantmaking and Psychological Behaviour Theories

US grantmaking behaviour was considered within two psychological behaviour theories: the TTM (Prochaska & DiClemente cited Lenio 2009) and IBM (Oyserman cited Aaker and Akutsu 2009).

The theories of TTM were relevant by researcher observation at the 2009 IFIP Conference of the like-minded US Foundations whose peer action was open to investigating how to give more funds to Indigenous people. They were interested in what a shared giving behaviour could be and wanted to learn Indigenous people giving behaviour. They were relevant in that TTM proposed that people can modify their behaviour according to their knowledge. Therefore, education can inform this issue as a strategy to enable change. Also the IBM could make this change a sector change or a movement of change.

The TTM (Prochaska & DiClemente cited Lenio 2009) appeared relevant through researcher observation of US Foundation representative's remarks about wanting to know how to change their investment to Indigenous people at the IFIP Conference. The fact of their voluntary attendance to the conference may have indicated their commitment to change and or improvement with their funding commitments to Indigenous people. These observations would be in the third stage of preparation to action as they were looking for answers to their questions of how to improve and change their grantmaking.

The IBM model (Oyserman cited Aaker and Akutsu 2009) related to the description of social entrepreneurs as they have 'group' described behaviour, like peer group behaviour.

IBM's first premise that identities are highly malleable and context sensitive was observed at both Council on Foundations Conferences and the IFIP Conference where at the Council on Foundations Conference most of the grantmakers did not support the Indigenous workshops or sessions whereas, at the IFIP Conference the grantmakers were very supportive of issues. A clear example of group action was at the Council on Foundation's Summit 2008 where the Diversity Breakfast Session for the entire conference participants focussed on work place diversity not project diversity. This group behaviour of support or non support was based on the collective view of the importance of Indigenous issues.

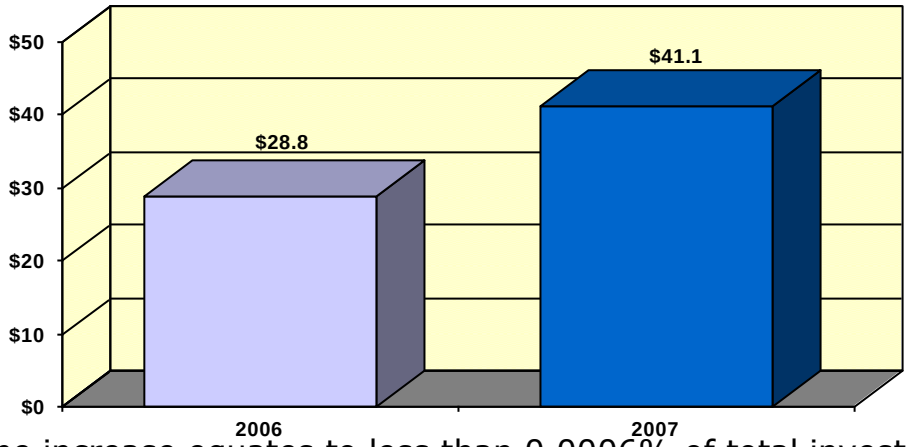
4.8 Recent Trends in US Foundation's Giving

The Foundation Centre in co-operation with IFIP presented a paper on the International IV Recent Trends and the Outlook for Giving in Challenging Times at the 2009 IFIP Conference. The paper examined the change in international giving through 2006 and discussed future prospects post the US 2007 economic downturn having reviewed grants over $10,000 from a sample of

over 1,000 large US Foundations. This material is secondary data reflecting the Giving Australia's project's recommendation to research some 'trend data' on these (giving) behaviours' (Lyons, MacGregor- Lowndes & O' Donoghue 2006, p3).

While Figure 3 shows US Foundations to have increased giving to Indigenous people from $28.8m in 2006 to $41.1m in 2007, the extent of this giving remains miniscule when compared to the $4.2b US Foundations gave internationally in 2006 as per Figure 3.

Figure 3: US International Giving for Indigenous Peoples 2006 to 2007



The increase equates to less than 0.0006% of total investment.

Source: the Foundation Centre, International Grantmaking IV, 2008.

In addition, Figure 4 below shows a trend of more money through fewer grants. In 2002, there was $2.2b invested

through 11,294 grants. The mean grant value in 2002 was approximately $19.5m. In 2006, the investment was $4.2b through 13112 grants. The mean grant value on 2006 was approximate $32m. This is a growth of investment of 92% whereas growth of projects is 16%. The result is a larger amount of grants through fewer grantseekers.

Figure 4: Growth of International Giving by US Foundations 1994 to 2006

Year	Dollar Amount	% Change	No. of Grants	% Change
1994	$679.4m	—	6,649	—
1998	$1.1b	57%	9,230	39%
2002	$2.2b	106%	11,294	22%
2006	$4.2b	92%	13,112	16%

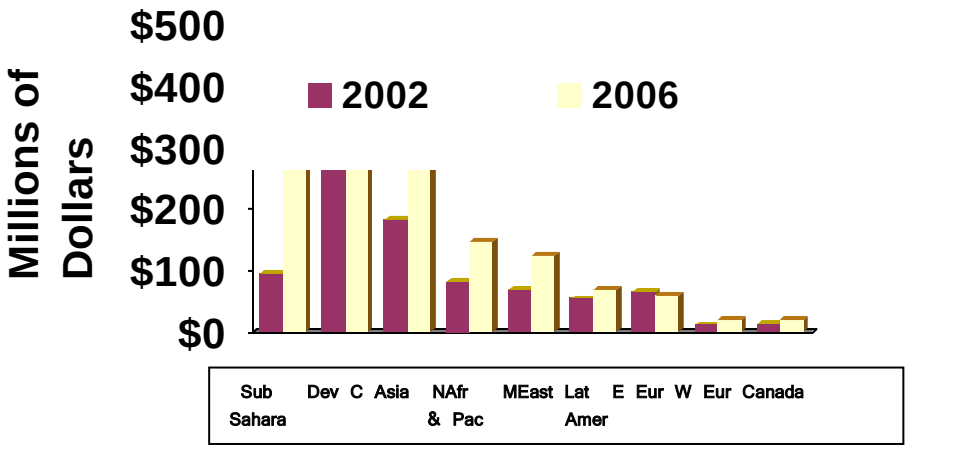
Source: the Foundation Centre, International Grantmaking IV, 2008.

Based on a sample of more than 1,000 large foundations

From Figure 5, it is evident that more money is going to Sub-Sahara Africa, Asia and Pacific while investment to developing countries remains static. While it is noteworthy that 1% of grants go to Canada, it would be interesting to know how much of this goes to the First Nations people of Canada. At the IFIP

conference it was mentioned that US Foundations give funds to US First Nations people through their domestic grants programs.

Figure 5: Giving to U.S.-Based International Programs by Major Region 2002 to 2006



Source: the Foundation Centre, International Grantmaking IV, 2008.

The report showed tends of increased grants to health areas and international development, and a sharp decrease in human rights in 2006 (see Figures 6 and 7).

Figure 6: International Giving by Major Program Area 2002 $2.2 B

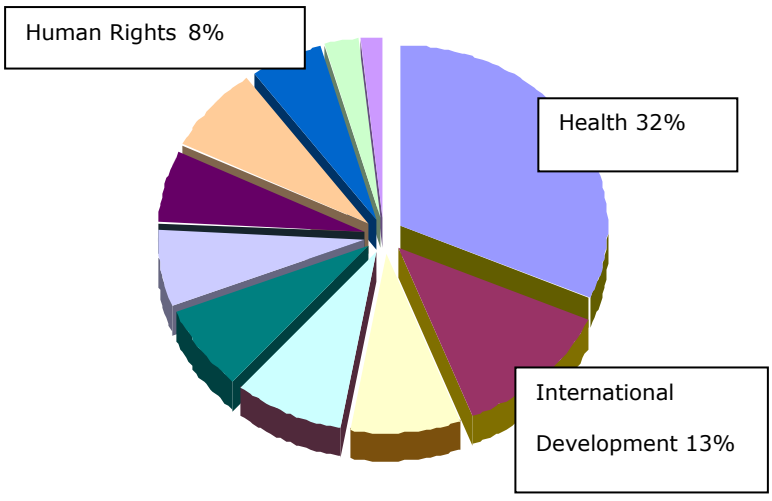
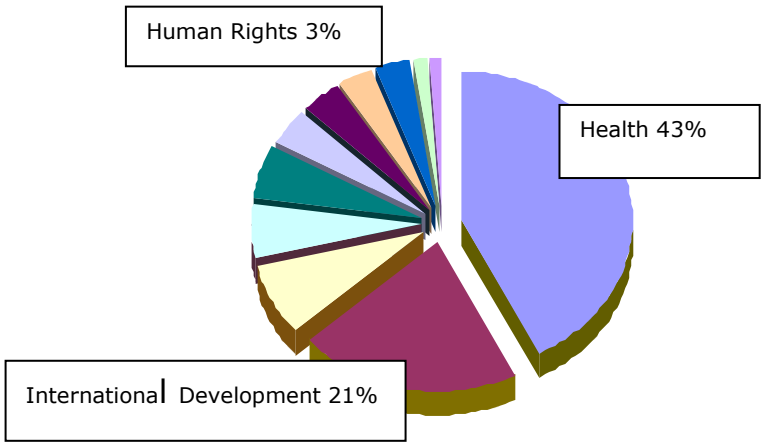


Figure 7: Giving to U.S.-Based International Programs by Major Region 2002 to 2006 $4.6b



Source: the Foundation Centre, International Grantmaking IV, 2008.

Chapter 5 Discussion

5.1. Introduction

It is widely understood that a sovereign state and its people are judged by how they treat their most vulnerable, marginalised and excluded. Remote and rural Indigenous people are part of this dis-enfranchised group and for them change is a long journey. It follows that where the State is not meeting the challenge of the World Health Organisation's 1948 call for 'Health for all' in all countries, including developed countries, then a Gramsican theorist would point to civil society, or the third sector, to speak out as advocates and act as change agents, to readdress such health inequities.

Similarly, when the State fails in its national or international obligations to recognise and acknowledge native title, cultural integrity, self-determination, and preservation of Indigenous knowledge and sovereignty, as set out in the UN Declaration of Indigenous Rights, it becomes a role for the third sector again to act. In these cases, International US Foundations that invest in health projects could be agents of this third sector and act in their 'poly-archy' roles as well as their social services roles to champion Indigenous rights.

This chapter will examine some of the study's findings on US Foundation's capacity to act in an authentic, socially responsible manner and positively change the health outcomes of Indigenous people. In the case of remote and rural Indigenous health, US Foundations could particularly increase their capacity to address Indigenous ill health if they rekindled their traditional 'poly-archy' roles and broadened their approach to international giving in developed countries other than Canada.

5.2 The Variables Analysis

Solutions to the research objective of increased giving to Indigenous people were derived by an analysis of the relationship between the study's variables: the grantmaker's funding program (or predictor), the grantseeker's applications (or criterion) and the hegemonic relationship (mediating variable). These variables were readily apparent as philanthropic giving in general is directed at applications that match with the Foundation's ideals (social agenda) and their stated programs (goals) in that order. The strength of giving depends upon ideological considerations by grantmakers which sits alongside accountability or transparency processes. The current popularity of venture philanthropy makes business-based projects more likely to be successful. Close inspection of the factors behind these variables was used to show whether practice follows policy

and what important lessons could be learnt by Indigenous grantseekers in order to identify practical capacity building opportunities.

Notwithstanding a negative bias in investment, the study broadly showed that remote and rural Australian Indigenous people equate with other Indigenous people living in developed countries; all have poorer health outcomes than the non-Indigenous population. The mediating variable or leading indicator described how and why US Foundations have reduced their funding to Indigenous people.

Further analysis showed that US Foundations have the capacity to redirect their giving and could give more funds to remote and rural Australian Indigenous people if the relationship were to change between the independent variable (the predictor) and the dependent variable (the criterion). If US Foundation's sector values were to shift from maintaining the status quo of one nation to one supporting a shared multi-nation state, with all that this entails, then this would alter their philanthropic style. It could change the group behaviour as outlined by the IBM theory, so the group changes its hegemonic relationship between grantmakers and grantseekers. The Christensen's Fund provides a good example as it already prioritises Indigenous

reconciliation and cultural security, and would only need to further develop its area of sector influence. With change, grantmakers could include more Indigenous projects from developed countries in their investment portfolio by exploring and possibly adopting First Nations entrepreneurship.

The new approach would challenge the dominant society's knowledge, politics and participation (styles of employment). The extent of necessary changes were then guided by a supplementary framing question that became: "if Indigenous people are deemed secondary citizens by US grantmakers because they maintain their First Nations cultural differences, then will these grantmakers openly admit that they require cultural assimilation as a condition for grant support?"

On deeper reflection of the issue, there arose two other significant contributory variables:

- Geographic location: Australian Indigenous people are disadvantaged by their residence in a developed country whereas Indigenous people in Sub-Sahara Africa are advantaged by the developing status of that region. Giving by US grantmakers is based on the economic status of each country except for Canada or US where Indigenous

people receive funds through international and domestic programs.

- Conceptual differences: The 'Indigenous' label is associated with the term 'minority' which traditionally conveys a negative demography position within the homogeny population. Indigenous is widely used by third sector organisation's justice campaigns like the UN Indigenous Human Rights, and when linked to the term 'First Nations People', though it well embodies Kymlicka's (1995) multi-nations and multi-cultural theory as a rationale for funding, the terms ignite ingrained hegemonic racist behaviour and surreptitiously enact artificial barriers of discriminatory practices. This covert racism is very deep and based on the Gramsican view that the ideology is socialised to 'every day' life. Bourke (2005) describes the extent of the internalised ideology is so deep that the population may refer to it as common sense, inferring that the ideology of the dominant class is part of the natural order of things (Bourke cited Infed 2009).

5.3 Australian Remote and Rural Indigenous access to US Foundations

The research found that remote and rural Australian Indigenous people receive little direct funding support from US Foundations. What US money is received flows through a few Foundations such as the Christensen Fund and the Ringing Rock Foundation which targeted reconciliation, bio-diversity and cultural security, and at best, can only be loosely viewed as funding holistic health initiatives. The net amount of giving by US Foundations to Indigenous requirements went pre-dominately to Canada and totalled approximately $42m or 1% of the available $42b in international funding in 2006. Of the $42b, Indigenous Australians received less than $0.5m.

When reviewing the position of Indigenous people living in developed countries such as Australia, USA, and Canada, there exists a notable difference in success in gaining US Foundation's grants. Indigenous Canadian people receive money under US Foundation's domestic investment categories and international investment, with much funding targeting holistic health through Indigenous Canadian people's governance and bio-diversity projects. The amount that US Indigenous or Native Americans receive was unclear however, there were observations on how they receive funds: from their own foundations; from their own

casinos operating on their native land; and from individual relationship with US Foundations through their domestic grants programs. A further distinction was allied to the fact US philanthropic 'health grantmaking' to Indigenous people living in first world countries happens through national and local investment funding streams, most often through large intermediary organisations. Intermediaries concentrate on the geographical focus of developing countries.

Hence, three strategies for remote and rural Australian Indigenous communities to access US Foundations and to build respectful relationships for partnerships could be:

- Increase their profile as Indigenous people living in a developed country similar to the Indigenous Canadian people.

- Build an ideological alignment between the hegemonic co-optation's assimilation style and the holistic First Nations style.

- Understand and use the application terms that match US Foundation's terms for health under the US tax exemption IRS 501(c) (3) RC.

The questionnaire's outcome of a poor response was linked to mis-communication of what health projects are to US people and what is means to Australian people. The use of different terms demonstrated the importance of Australia Indigenous people using the US tax exemption health terms when striving to improve communication between both parties. The workshop also showed difficulties in terminology between the US non-Indigenous grantmakers and the US Indigenous grantseekers which only increases the focus of the future direction of a shared giving language.

Indigenous people in remote and rural Australia could benefit from a new style of philanthropy coined First Nations Entrepreneurship, as it could build on Australian Indigenous models of community control like the Cape York Active Model. First Nations Entrepreneurship could be of interest to Philanthropy Australia' Indigenous Affinity Groups as they are seeking new ways of engagement.

New language terms and new engagement systems could be part of a new process including an agreement of understanding or a Compact of Understanding between US grantmakers and Indigenous grantseekers. Such a position was envisaged by Noel

Pearson when he outlined three responses to First Nations People's racism to address 21st century issues. His three conditions of recognition and reconciliation proposes the goal of a unitary democratic state:

> "The first is decolonisation where nation states will continue the process of fragmentation through independence movements and the recognition of the independence of peoples."
>
> The second choice is denial – for nation states to ignore the status of peoples and insist on the unitary nation state.
>
> The third choice is recognition and reconciliation. To recognise the status of peoples and to secure reconciliation within the unitary nation state on the foundations of freedom democracy and development"
> (Pearson 2005, p1)

5.4 Mother Earth, Sovereignty, Stewardship and Indigenous representation

As the most marginalised, dispossessed people of the world, Indigenous people live in poverty, dislocation and with shorter life spans. They are also the stewards of the land, Mother Earth. The focus on Mother Earth as the basis of holistic health is linked to the movement that we are a 'world family' and that the land, the air and the water are all part of the human race and its health. When Mother Earth and the World Family is seen as one, then the third sector can deliver its social sector work more

broadly, acting across the sectors silos of Indigenous holistic health, climate, environment, biodiversity and human rights.

Respect for Indigenous people, those who inhabited the land first, is rare as most Indigenous people experience marginal support for land management and sovereignty. The traditional Indigenous land often contains vast natural resources and any project that seeks to uphold the Mother Earth's natural wealth may also limit business wealth and therefore attract opposition. US Foundations may have a conflict of interest if they work with Indigenous people on land rights, sovereignty, and human rights as these actions present them with a conundrum as that say they work for good but mustn't impede economic growth.

US Foundation grantmakers could use their funding programs as political tools and not only for altruism purposes. However, they remain compliant and driven by Gomberg's political quietism in order to maintain the social order. The Foundations are ever aware they operate in a global capitalist economy not a global green economy.

US Foundation grantmakers can face a further conundrum when funding projects that aim to re-address land sovereignty when they have a primary connection to the elite class and its

privilege, and may not be prepared to fund an underclass's projects that challenge the power status quo, especially in legal areas of sovereignty and its land ownership.

The workshop outcomes of a new vision of Mother Earth's Wisdom for a World Family could build the capacity of US grantmakers if they chose to work in the political sectors of sovereignty. The argument for considering funding as part of Mother Earth would also include the concept that giving entails reciprocity, that grantmakers are giving to themselves and their elite position because Mother Earth is part of all business enterprise. So giving to health projects encapsulating the notion of Mother Earth could be argued as giving to the giver as much as it gives to the receiver. In essence, when grantmakers help Indigenous stewardship of Mother Earth's land, air and water, they are helping themselves as global citizens.

Another giving barrier is the association by Indigenous people that by accepting any US Foundation grantmaker giving, they have entered an obligation. Under Indigenous reciprocity, when they accept a grant an expectation exists to give back to those who have given to them. However, if the giving entails an obligation for assimilation or social stratification, as an action to create an expected social bond, the gift may not be received.

Although Australian Indigenous people would benefit from US Foundation giving, they may not seek it because they may not seek to accept the obligation of having to adopt the behaviours of the dominant nation.

To balance this trend, US Foundations could increase their capacity to fund health Indigenous projects globally by returning to direct giving and reducing their current preference to funding through intermediary organisations. Indeed, the popularity of intermediaries has been part of the rise of venture philanthropy. It is based on a business assessment that resources are more efficient, it delivers a better cost / benefit ratio and achieves stronger financial outcomes.

When 'giving' is seen as a political tool it also raises the pivotal question of who sets the agenda of grants and, in particular, who sets the agenda of global health grants. The lack of research on the venture philanthropy's agenda has assisted in its unchallenged popularity, notwithstanding the United Nations created the World Health Organisation to set the global agenda of 'Alma Ata' health for all, to act as a conduit and to operate efficiently as a centralised resource. WHO's 2007-2008 Indigenous Health Plan should be the base line of the US Foundation's giving program. The plan outlined support for

holistic health by suggesting endeavours in dedicated publications on Indigenous health and human rights as well as educational strategies of workshops, training, research and national/ international guidelines. These educational tools may assist Indigenous groups apply to US Foundations. In the process, the approach could help to address Scaife's (2006) recommendation for US Foundation grantmaker's structural and attitudinal barriers research as new Australian Indigenous information systems, resources and advocates like IFIP would be a valuable addition.

To further increase grantseekers capacity, a full grantseeking curriculum should be developed and include the Shared Indigenous Giving Principles. A resource guide could be compiled that brings together details of both parties as a ready reference source. Invariably, better disclosure of priorities and requirements between grantmakers and grantseekers would foster better engagement, dialogue and networking for matching socially and culturally deserving health improvement initiatives. Grantseekers could align their efforts more closely to like-minded grantmakers and conversely, grantmakers could better understand and target the demand for assistance.

The WHO plan is based on public health and its best practice of health promotion. The health promotion's community development principles would support a return to direct funding as large central project management stops the processes of local community empowerment which in turns champions public policy development and infrastructure development. When projects incorporate the Ottawa Charter and Bangkok Charter principles of empowerment and enabling, the project's aims shift to sustainability through the local stakeholder's new skills sets. Also central management can be more expensive given corporate level staff wages, the exclusion the smaller community's voluntary hours and project management overheads are larger per capita whilst achievement reporting is harder. These aspects reduce the success of holistic health project proposals. To balance this bias of funding through intermediaries, peak US Foundation organisations would benefit from Indigenous representation on boards and teams.

5.5 First Nations Peoples, Driver, Partner and Catalyst Styles

In general, First Nations health issues are entwined within conventional health categories because the countries they live in are affluent, and in the case of Canada, New Zealand, and Australia offer universal health care. Their particular needs are

considered complex, socially problematic and innately expensive to address in isolation and are the product of Indigenous people's experience of colonialisation and dispossession. The dominant nation does not want to afford the issue too high a priority status as this would fuel a call by Indigenous people for recognition of First Nations' land rights ownership and financial compensation. The link between Indigenous health needs and the First Nations People issue ensures their health disparities continue to be tolerated and even marginalised through efforts of assimilation under the society norms of the dominant capitalist second nation.

US Foundations inherently propagate Indigenous assimilation through their co-optation programs. The US Foundations current popular mode of investment is through venture philanthropy and philanthro-capitalism that favours co-optation and not catalyst funding. Venture philanthropy's goals concentrate on primary health issues in areas associated with Maslow's first two hierarchies of needs: physiological and safety needs. They exclude Maslow's next three levels of belonging, love, and self actualisation. Consequently, Indigenous grants for community building initiatives like language and songs, societal and cultural projects, social determinants of health and mental health prevention promotion projects are excluded. This concentration

on funding basic health is at the expense of investing to achieve enduring and whole of community benefits. In the case of developing countries, the Bangkok Charter for Health Promotion in a Globalised World would argue the social determinants are not globally relevant till developing countries achieve the health basics.

Foundations can join a global call for action to improve health through the United Nation's Second International Decade of Indigenous Peoples which requires Indigenous Health Equity across the globe including those Indigenous people living in first world countries like Australia. Locally, the Australian Government's support in principle of the Declaration of Indigenous Rights has recast a prominent profile for the Indigenous community controlled holistic health model.

Both workshops documented conversations of Indigenous people's experience on the type of 'First Nations' racism that incorporated their identity into the dominant nations identity through "coercive assimilation - the practice of compelling through submersion" (Gross cited Kymlicka 1995, p60). The pace of globalisation's hegemonic push to a one world global identity is adding to this First Nations racism. Baum connects the Australian history of racism and marginalisation to a paucity of

Indigenous social capital (Baum cited Carson et al 2007, pxxv). Indigenous racism is such a strong component of Indigenous ill health that Indigenous racism could be another social determinant of health (Carson et al 2007, p16).

To build capacity in US Foundation's health grants would require a behavioural change that accommodates multi-nation states (Kymlicka 1995). A return to poly-archy's partner and catalyst action by US Foundations, as practiced by the Christensen Fund, could meld the entrepreneurship field with the First Nations field.

The premise that philanthropy is the formative change player in society with the mandate to set the global health agenda was not found in the research. The workshop showed future education and advocacy strategies that peak organisations like IFIP and Philanthropy Australia could enact. They could also consider a new entrepreneurship called First Nations Entrepreneurship. It could use some of the entrepreneurship business strategies with wider social justice goals of First Nation's People's Holistic Health.

The preferred engagement tools that would lead to First Nations Entrepreneurship are new Shared Indigenous Giving Principles and a Compact of Understanding, or an Indigenous Grantmakers and Grantseekers Action Plan (See Table 10).

Table 10: A new Compact of Understanding

Vision: US grantmakers believe that Mother Earth's is a one world family	
Mission: US Foundations include First Nations Entrepreneurship in their policies	
US Grantmaker's Objective	Reciprocity Respect Relationship Responsibility
US Grantmaker's Strategy	Revisit Recognise Realign Redefine Representation

The study also found differences between the Australian and the US experience of philanthropy, particularly showing the development of US philanthropy as a continuum of power, one that has moved from shared power partnerships and 'catalyst' philanthropy of the 1990's to the new millennium, and a return to retained power of 'driver' philanthropy.

The history of philanthropy in US and Australia showed philanthropy as a continuum of power that has grown from charity to the latest style of venture philanthropy and social entrepreneurship. It is suggested that both ends of the continuum are power over positions whereas indigenous styles of philanthropy are shared power models. It is more focused on providing social services rather than social change. It has focused on orchestrating a global health agenda not on following one. Its current venture and social entrepreneurship type of grantmaking does not value consultation nor shared control, both vital for First Nations People to be part of their work.

The observed grantmaker filtering systems could identify 'matching' selection behaviour trends of:

1. Whether Governance system that favour administration through the large NGOs intermediaries on behalf of Foundations are adding to exclusion.

2. Whether venture based grant systems co-opt competition in both process and projects.

3. Whether the Foundation's support of Indigenous projects in Canada indicates indigeneity and difference.

The main barriers associated with grantmakers filtering were:

1. The values and principles of Indigenous giving and the Indigenous language of giving is different to non-Indigenous of giving.

2. The conversation or engagement between US Foundations and Indigenous people is underpinned by a lack of education or research on the cultural difference and their effects on grantmaking and grantseeking roles and interactions.

A First Nations (multi-nations) grantmaking lens could be developed that could uphold the Declaration of Indigenous Humans Rights and be central to a call to bring the 'outsiders' inside trough the WHO Indigenous Health Plan strategies. It could consider:

1. Community controlled services
2. Public health and health promotion practices
3. Bio-diversity and Indigenous land management

Areas for further exploration to support First Nations People's capacity to compete with the US Foundations are:

1. US Foundations application of a 'multi-nations' grantmaking lens using the Shared Indigenous Giving Principles language.

2. Methods to motivated grantmaker's individual behaviour change (TTM) and grantmakers' group think behaviour change (IBM) to increase their support of remote and rural Indigenous Australian health projects.

3. The efficiency of US Foundation's 'driver' style of philanthropy that orchestrates its own global health agenda, rather than uses the WHO's Public Health's agenda.

4. The efficiency of US Foundation's intermediaries compared to community controlled health services efficiencies in terms of WHO's recommended health promotion practices.

There are trends that more money is going to Sub-Sahara Africa, Asia, Pacific and large amounts to developing countries (see Figure 4). It is noteworthy that 1% on grants goes to Canada. It

would be interesting to know how much of this goes to the First Nations People of Canada. At the IFIP conference it was mentioned that US Foundations give funds to then US First Nations People through domestic grants programs. Bishop and Green (2008) raises the main problem with philanthro-capitalism is that power of US Foundations setting the agenda rather than UN and WHO directions. WHO's agenda is Table 11 below and it's not being followed.

Table 11: WHO Indigenous Peoples 2007/2008 Health Work Plan

Raise Awareness of the key health challenges faced by Indigenous peoples, e.g. by completing a publication on Indigenous Health and Human Rights.
Build Capacity of public health professionals to identify and act upon the specific health needs of Indigenous peoples through educational workshops and trainings.
Expose Health Disparities by analysing data through the lens of ethnicity and other variables relevant to Indigenous peoples (geographical area, tribal affiliation, gender, language, etc).
Issue Guidelines for Health Policy Makers to integrate Indigenous peoples' health needs and perspectives into National and International Health Development Frameworks, such as national health sector plans, the Millennium Development Goals (MDGs) and poverty reduction strategies.
Convene Partners and Catalyst Action to improve Indigenous peoples' health and human rights

A return to catalyse US investment is a return to political change investment and a return to the roots of US philanthropy as 'poly-

archy'. Traditionally philanthropy is the formative player in society that can challenge and shape the dominant culture.

Therefore, it is no wonder that future Appreciative Inquiry's concepts of discovery, dream, design and destiny exploration of US grantmaking behaviour could develop a First Nation's grantmaking Equity Lens, which considers Community-controlled holistic public health projects, health promotion setting and practices, and biodiversity and Indigenous land management cross sector funding.

This lens would uphold the Declaration of Indigenous Humans Rights and be central to the call to bring the 'outsiders' inside. Though few Foundations would be seen to advertise as neo-liberal views in policies they could consider advertising shared Indigenous giving principles as stated below:

> "The unseen hand of reciprocity guides a system of interpersonal relations that many believe is the primary social glue that holds society together. Indeed, reciprocity is one of the most basic (and most ancient) forces that mould a loose assortment of individuals into a society. Learning about reciprocity can help us understand the silent forces at work in society and the role we can play as citizens in keeping these forces positive and healthy"
> (Seib cited Arce and Frisch 2005)

These views of philanthropy giving as a method of obligation for assimilation (social stratification) or an expected social bond is at odds of Indigenous sovereignty. It is both a barrier and a problem because Indigenous people in remote and rural Australia may not want the giving obligation.

Remote and rural Australian Indigenous people have an added barrier to accessing US Foundation investments as the major beneficiaries are the USA and Canada who receive the majority of investments for health and human rights through domestic networks. Australia's Foundations are not strong investors in Indigenous holistic health projects; they prefer the arts, education and youth leadership.

The study suggested that cross cultural engagement and discussion about cultural difference was a bridge between the Dominant Nation and its First Nation. The way forward for human endeavour could be through more focused conversations and discussion. As Punch (2004) highlights language is a tool of social construction.

> "the innocent view of language as a medium for the transparent representation of externally reality is replaced by the view that language centrally implicated in the construction of knowledge in its inevitable political context. In addition the inability of language to pin down fixed meanings and representations of reality is well suited to

> postmodernism's stress on the constant process of interpretation and reinterpretations by which social reality is created and maintained"
> (Punch 2004, p146)

The research found differences between the Australian and the US experience of philanthropy, particularly showing the development of US philanthropy as a continuum that has moved from shared power partnerships to catalyst philanthropy of the new millennium to centralised power in global venture philanthropy. Australia's philanthropy is also embracing venture and social entrepreneurship in research and practice. A comparison of philanthropy styles and terms is in Table 12.

Table 12: Comparison of Venture (Driver) Philanthropy, Catalyst Philanthropy and First Nations Entrepreneurship Terms

Terms	Venture Social entrepreneurship	Catalyst	First Nations Entrepreneurship
Style of leaders	Hyper-agents	Leaders of Social Change	Elders
Leaders Motivation	Making a difference, is my career	Make a difference after my career	Honour mother earth
Goal	Do the most good	Social justice	We are one world
Results	Impact oriented	Results driven	Ends and means
Planning	Knowledge based	Evidence based	Knowledge and evidence based
Delivery Style	High engagement Intermediaries leverage	Community development Partnership	Shared cultural engagement and partnerships
Financing Style	Investment	Giving	Reciprocity
Outputs	Returns	Results	Harmony and wellbeing

Engagement and consultation are essential Indigenous human rights values. Philanthropy with Indigenous people would improve if they returned to these values and uphold Indigenous entitlement to direct their own lives. As the Global Philanthropy Leadership Groups aim was to 'bring the outsiders in', those US Foundations members like Gates and Rockefeller would need to acknowledge their inherent power and decide to share that power by allowing them to be who they are.

If grantmakers adopted the Indigenous definition of holistic health or health of body, mind and spirit, then their definition of giving may also become holistic. They may use the holistic health terms, embracing an unrestrictive gift that could reconnect two multi-nation's cultures as ethno convergence and focusing on Mother Earth's meaning and purpose through re-orientated behaviour towards a community goal not an individual goal.

These tools could form part of an Indigenous Grantseeking curriculum which includes guidelines, directories and training in First Nations Entrepreneurship skill sets. These changes would challenge the US Foundation's social, economic and political behaviour, and would need to be continually evaluated by US grantmakers as part of their governance arrangements.

The Shared Indigenous Giving Principles of respect, relationship, responsibility and reciprocity is an example of a new language for renewed engagement and governance. They value both the First Nation's Culture and the Dominant Nation's Culture. Any future education effort would do well to refer to these principles. It is a communication bridge between Non indigenous grantmakers and Indigenous grantseekers.

Chapter 6 Conclusions

Australian Indigenous people have a higher level of health need for almost every health indicator. This ill health warrants the allocation of resources from society's many economic sectors including the philanthropic sector.

US Foundations have given amounts of over $5b annually to global health projects and represent a major investor in international Indigenous health projects. However, the total of $42m given to Indigenous people in 2006 was minuscule when compared to $1.8b given to public health investments. Public health care priorities are associated with HIV and infectious disease eradication in developing countries.

Us Foundation's decreased support for Indigenous holistic health of body, mind and spirit showed a backward ideological shift from the Fleishman's 'partner and catalyst' style funding of the 1990's to Fleishman's driver style funding in the 2000's. In practice, US grantmaker's alienate Indigenous grantseekers from funding programs due to institutional barriers created by their intrinsic hegemonic persuasion. This position continues even

though US grantmakers outwardly accept the goals within the World Health Organisation's public health agenda.

US Foundations could build their capacity to fund Indigenous people's projects by reducing their hegemony and fund initiatives on policies of multi-nations inclusion rather than exclusion. They could balance the new support for venture philanthropy's social entrepreneurship by revisiting the catalyst style of social change philanthropy as it enables Indigenous projects to have community control. If this step is unattractive, perhaps venture philanthropy could also revisit the partner style philanthropy which shares the control. They could better engage by jointly developing a shared language framework along the lines of Shared Indigenous Giving Principles and/or a Compact of Understanding.

Through workshops held in the New Mexico, USA and in Canberra, Australia, primary data showed grantmaker's behaviour change was explored through a new shared Indigenous giving language. Shared knowledge was an area of endeavour that could enable the understanding of giving as reciprocity, based on relationships, respect and responsibility.

US Foundations can particularly increase their funding capacity to remote and rural Australian Indigenous people by changing their grantmaking behaviour from Indigenous funding through intermediaries to direct Indigenous funding. As this change would require change in US Foundation's psychological behaviour, the study reflected on two models that change behaviour. The Trans Theoretical Model (Prochaska & DiClemente cited Lenio 2009) builds identity through cognitive steps of contemplation to action. The challenges are associated with what moves individuals from the contemplation of 'giving' to Indigenous people, to the action of the actually 'giving'. It also reflected on the Identity-Based Motivation (Oyserman cited Aaker and Akutsu 2009) identity approach that changes the behaviour of groups through stages of action readiness to procedural readiness. The challenge will be how the US Foundation sector can be motivated to move from the action of 'giving' to Indigenous people to accepting this 'giving' as an organisational procedure.

Currently, remote and rural Australian Indigenous people's holistic health projects are not winning US Foundation's funding, in fact, they are not getting near the US Foundation's grant programs. These are poor outcomes when compared to the success that Indigenous Canadian people have with funding

though it is a hybrid of bio-diversity holistic health funding. The American Indigenous people are also more successful through domestic grant rounds. The lack of a comprehensive Australian Indigenous grantseeker's relationship with US Foundations warrants building. The researcher's own experience mirrored this impasse till a solid relationship was built with the US Foundation's Peak, IFIP.

The recent trend of US Foundation's reduced funding to Indigenous people was examined through literature, observation and workshops. A pattern of grants program filtering systems was identified as:

1. Governance that favours administration through the large NGOs intermediaries on behalf of Foundations

2. Program systems that favour hegemonic competition steeped in capitalism not indiguenity.

A 'filtering' system was also identified in the grantmaker and the grantseeker relationship:

1. The non-Indigenous grantmaker viewed ‘giving’ as a capitalist action whilst the Indigenous grantseeker viewed the ‘giving’ in terms of a political agenda setting.

2. US Foundations viewed Indigenous Canadian applications positively (funding holistic health projects that encompassed the ‘healthy’ community, bio-diversity and First Nation’s human rights).

Areas for further exploration are suggested as:

1. US Foundations application of a ‘multi-nations’ Indigenous grantmaking lens referring to the Shared Indigenous Giving Principles and Compact of Understanding.

2. Methods to motivated grantmaker’s individual behaviour change (TTM) and grantmaker’s group think behaviour change (IBM) to increase their support of rural and remote Australian Indigenous health projects.

3. The efficiency of US Foundation’s ‘driver’ style of venture philanthropy’s social entrepreneurship that sets its own global health agenda, rather than the WHO’s Public

Health's agenda and WHO's Health Promotion Social Determinants of Health practices.

4. The efficiency of US Foundation's intermediaries to distribute Indigenous health grants as opposed to community controlled health services efficiencies.

The new philanthropic leaders have brought entrepreneurship from their global business operations. They have made venture philanthropy's social entrepreneurship the popular style of philanthropy. After investigation, this style related to Fleishman's 'driver' style of philanthropy that was popular in the 1970's and was replaced in the 1980's by Fleishman's partner and catalyst style to improve philanthropy in terms of strategic and engaging change philanthropy. They have driven the sector change. The study suggests that future research would be connected to how these stakeholders could build their entrepreneurship repertoire capacity through variations that revisit partner and catalyst principles. The study suggests one new style as First Nations Entrepreneurship that could bridge social entrepreneurship's business skills and incorporate social or First Nation's health justice. A style change would be an important step to increasing US Foundation's capacity to fund remote and rural Australian Indigenous health projects.

The journey that began with conversations between US grantmakers and an Australian grantseeker has ended with a new direction for more conversation on a 'shared giving' journey and a new style of entrepreneurship. Those new conversations would do best to reflect on WHO's agenda of public health including its current 2007-078 Indigenous Health Plan and the Bangkok Charter of Health Promotion in a Globalised World. The peak organisations IFIP and Philanthropy Australia are well placed to lead these important conversations.

Appendix 1 US Philanthropy Terms

A. Terms for US Philanthropy People

B. Terms for US Philanthropy Styles

(Source: IFIP 2004 and Donors Forum Publications Illinois 2009)

A. Terms for US Philanthropy People

Grantmakers Funders Foundations Donors	The individual or organisation giving a grant
Grantseekers Applicants	The individual or organisation seeking a grant
Project Officer	The individual who coordinates all the aspects of the project or grant
Hyper-agents	Charismatic individuals who spend their wealth
Social Entrepreneurs	Engages in the enterprise using the profit and not profits best business skills to achieve goals
Social Change Agents	Person(s) who aim to change social setting society by project action
Stakeholders	The people who are connected to the project

B. Terms for US Philanthropy Styles

Catalyst	The grantmaker gives the grantseeker the decision on the project's focus.
Driver	The grantmaker decides the focus of the grant.
E-Philanthropy	Grantmakers use the internet to view and select projects registered on line.
Innovator	A new idea to start or improve a process, product or service.
Partner	The grantmaker and the grantseeker decide the focus of the grant.
Social Entrepreneurship	The not for profits mission using business skills to achieve them.
Socially Responsible Investment	Giving that considers the social consequences of the projects .
Venture	Uses business sector venture capital principles and practices.

Appendix 2 Top Foundations across US, UK and Canada

IFIP Survey: Foundations Grant Dollar 2000- 2005 (IFIP 2009)

	Foundation	Total	Grants	Foundation Country
1	Ford Foundation	$22,512,929	220	USA
2	David & Lucile Packard Foundation	$10,427,154	17	USA
3	W.K. Kellogg Foundation	$3,080,394	38	USA
4	Gordon & Betty Moore Foundation	$2,423,557	5	USA
5	Christensen Fund	$1,789,715	24	USA
6	John D.& Catherine T. MacArthur Foundation	$1,518,984	28	USA
7	Rockefeller Foundation	$1,476,972	25	USA
8	Aga Khan Foundation	$1,443,863	2	England
9	Carnegie Corporation Of New York	$1,392,038	5	USA
10	Blue Moon Fund	$828,094	8	USA
11	Tides Foundation	$ 756,647	15	USA
12	BP Foundation	$631,484	4	USA
13	Charles Stewart Mott	$579,574	7	USA
14	Banyan Tree Foundation	$506,810	5	USA
15	Rockefeller Brothers Fund	$436,830	9	USA
16	Garfield Foundation	$423,050	9	USA
17	William & Flora Foundation	$312,280	2	USA
18	Public Welfare Foundation	$261,223	6	USA
19	Sigrid Rausing Trust	$248,836	2	England
20	Levi Strauss Foundation	$195,284	4	USA

Top Foundation Donors across US by Grant dollar

IFIP Survey 2000- 2005

	Foundation	Total	Grants
1	Ford Foundation	$22,512,929	220
2	David & Lucile Packard Foundation	$10,427,154	17
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8	Carnegie Corporation Of New York	$1,392,038	5
9	Blue Moon Fund	$828,094	8
10	Tides Foundation	$ 756,647	15
11	BP Foundation	$631,484	4
12	Charles Stewart Mott	$579,574	7
13	Banyan Tree Foundation	$506,810	5
14	Rockefeller Brothers Fund	$436,830	9
15	Garfield Foundation	$423,050	9
16	William & Flora Foundation	$312,280	2
17	Public Welfare Foundation	$261,223	6
18	Levi Strauss Foundation	$195,284	4
19	St Paul Company Foundation	$179,736	4
20	Winds of Peace Foundation	$166,116	14

Appendix 3 Global Philanthropy Leadership

Meeting

16-17 May, 2009, Rome
Source (WINGS 2009)

Report
List of Participants
Muna AbuSulayman Director General, Alwaleed Bin Talal Foundation, Kingdom of Saudi Arabia
Bisi Adeleye-Fayemi Executive Director, African Women's Development Fund, Ghana
Melissa A. Berman President & CEO, Rockefeller Philanthropy Advisors, United States
Flemming Ellebaek Borreskov Chief Executive Officer, Realdania, Denmark
Nicolas Borsinger Executive Director, Pro Victimis Foundation, Switzerland
Peter Cleaves Chief Executive Officer, Emirates Foundation, United Arab Emirates
Michael Deich Director of Policy and Government Affairs, Bill and Melinda Gates Foundation, United States
Peggy Dulany Founder and Chair, The Synergos Institute, United States
Barry Gaberman Global Fund for Community Foundations
Rayna Gavrilova Executive Director, Trust for Civil Society in Central & Eastern Europe, Bulgaria
Mall Hellam Executive Director, Open Estonia Foundation, Estonia
Barbara Ibrahim Director, John D. Gerhart Center for Philanthropy and Civic Engagement, Egypt
Steve Killelea Founder, The Charitable Foundation, Australia
Avila Kilmurray Director, The Community Foundation for Northern Ireland, United Kingdom
Daniel Kropf Executive Vice-Chair, Universal Education Foundation, France
Wilhelm Krull Secretary General, VolkswagenStiftung, Germany
Atallah Kuttab Director General, Welfare Association, Palestine
Massimo Lanza Director, Fondazione di Venezia, Italy
Carol Larson President and Chief Executive Officer, The David and Lucile Packard Foundation, United States
Peter Laugharn Executive Director, Firelight Foundation, United States
Norine MacDonald President, Gabriel Foundation, France

Vincent McGee Senior Advisor, The Atlantic Philanthropies, United States
Nicola McIntyre Executive Director, Mama Cash Foundation, Netherlands
Bhekinkosi Moyo, Programme Director, Trust Africa, Senegal
Valentina Qussisiya Director General, Jordan River Foundation, Jordan
Marta Rey García Profesora Doctora, Facultad de Ciencias Económicas y Empresariales,
Universidad de la Coruña, Spain
Judith Rodin President, Rockefeller Foundation, United States
Suzanne Siskel Head of Philanthropy, The Ford Foundation, United States
Bradford K. Smith President, The Foundation Center, United States
Ralph R. Smith Executive Vice President, The Annie E. Casey Foundation, United States
Chet Tchozewski President, Global Greengrants Fund, United States
Pier Mario Vello Secretary General, Fondazione Cariplo, Italy
Emílio Rui Vilar President of the Board of Trustees, Fundação Calouste Gulbenkian, Portugal
Jorge Villalobos Executive President, Mexican Center for Philanthropy (Cemefi), Mexico
Jane Wales President & CEO, World Affairs Council/Global Philanthropy Forum; Vice President, The Aspen Institute, United States
William S. White President and CEO, Charles Stewart Mott Foundation, United States
Erna Witoelar Chair, Indonesia Biodiversity Foundation; Chair, Asia Pacific Philanthropy Consortium, Philippines
Council on Foundations
Rob Buchanan, Managing Director, International Programs
Steve Gunderson, President & CEO
Kristin Lindsey, Chief Operating Officer

European Foundation Centre
Ana Feder, Networking Committee Senior Officer
Wendy Richardson
Leticia Ruiz-Capillas, Chief Operating Officer
Sevdalina Rukanova, Senior Officer
Gerry Salole, Chief Executive

Worldwide Initiatives for Grantmaker Support (WINGS)
Marissa Camacho-Reyes, Executive Director
Fernando Rossetti, Chair

Facilitator: Tom Lent

Notes

There were 18 Representatives of US Foundations and US Peaks.

No other country sent more than one foundation.

There was one Australian Foundation.

Appendix 4 Workshop One: Data

A. Giving Principles

Giving Principles • Break dependency reliance welfare state of thinking and expectation ; cause is worthy and will do good work ; • Contribute to a larger goal of building Nations; • Making change ; change people's hearts in order to change their minds
Giving Principles • Courage engagement sharing your resources empowerment unconditional giving, • Reciprocity involving youth and elders • Having diversity inter cultural connections connecting and honouring the Earth • Quality of people involved.
Giving Principles: • Receiving and Continuing to share that gift; that the gift will multiply; • An organic growth; not boasting but respectful exchange; • Shared understanding of responsibilities;
Giving Principles : • Four areas of Respect, Access, Reciprocal and Hearing, • Civil and human rights; social justice; • Responsible relationships based on inclusively; • Empowerment and courage; • Risk taking and trust; • Cultural respect; • Transparency; access and open processes; • Sustainability.
Giving Principles • Responsibility of those who are giving and what to do with that gifts – reciprocity
Giving Principles • Community input of indigenous knowledge with protocols • Greatest impact =greatest investment
Giving principles: • Empowerment for both project advancement and for the individual ; Unmet need not only the dollars but XXXX of life, • Build on community strengths - youth and land.

B. Donors Operational and Administration Barriers

Donors Motives • Settler guilt; Greed • Outside influences / Indigenous giving vs. corporate taking • They need to exploit one's culture
Donors / Indigenous Cultural Barriers • Language /miscommunication / people are not listening • Language global stereotypes / western views vs. native views • Power dynamic stereotypes ;Implications of technology on youth • Styles - strategic Vs holistic Information;
Donors Operational and Administration Barriers • Using NGO s as gatekeepers; giving slowly and giving through governments and intermediaries • Not knowing the need and who needs it • Absence of authentic giving ; • Results and outcome driven; Accountability framework • Lack of resources • Giving to bigger organisations not to smaller; where the needs / problems are;
Donors Strategic Barriers • Not recognizing Indigenous sovereignty • Few large Indigenous groups few Indigenous led philanthropies territoriality and turf; • Being Sympathetic not empathic, • Lack of knowledge of foundations staff and donors of Indigenous history , circumstances and differences

C. Shared Indigenous Giving Principles and Themes

Themes	Shared Indigenous Giving Principles
Mother Earth Wisdom	**Foundations commit to the Indigenous culture of reciprocity, relationship, relationship and respect that acknowledge**: Giving and receiving is interconnected and organic We are a world family - north and south hemisphere connected We are holistic family, respects , honours, connects with elders spirituality Engagement and learning happens through conversations, relationships, shared responsibilities The meeting points of conversation are livelihood, security, empowerment and rights Natural resources are our family - Our time of earth is limited
Funding Policy and Processes	**Foundations give grants that are culturally responsible investments.** They are based on: Culture is dynamic and inclusion Direct partnerships not through intermediates Long term relationships, that are flexibility and adaptability Capacity building policies and processes that include learning and 'failures' as outcomes Grant making is one part of the investment process
Governance Engagement Inclusion	**Foundations are committed, passionate and courageous** Addressing Indigenous needs and hence incorporate the essence of UN Declaration of Indigenous Policy Rights including organizational indigenous representation.
Indigenous Leadership	**Foundations promote Indigenous Projects and Program Leadership -** Condor to Eagle

Appendix 5: Australian Indigenous Affinity Group

(Philanthropy Australia 2009)

Members Sydney

AMP Foundation **www.amp.com.au**

The Australia Council for the Arts www.ozco.gov.au

Commonwealth Bank Foundation

www.commbank.com.au/about/

Dusseldorp Skills Forum www.dsf.org.au/index.php

Dymocks Literacy Foundation www.dymocksliteracy.com.au/

Macquarie Bank Foundation

www.macquarie.com.au/au/about_macquarie/macquarie_in_the

_community.htm

Mary Potter Trust Foundation www.marypotterfoundation.org.au

Mercy Foundation www.mercyfoundation.com.au

Northern Rivers Community Foundation www.nrcf.org.au

Perpetual www.perpetual.com.au

Reconciliation Australia www.reconciliation.org.au

Sisters of Charity Foundation

www.sistersofcharityfoundation.com.au/

The Smith Family www.smithfamily.org.au

Sydney Community Foundation

www.sydneycommunityfoundation.org.au

Westpac Foundation www.westpac.com.au

Individual member: *Philanthropy Australia*

www.philanthropy.org.au

Melbourne Members

ANZ Executors & Trustee Co

www.anz.com/australia/charitabletrusts/guFinding.asp

Besen Family Foundation www.besenfoundation.org.au

Colonial Foundation www.colonialfoundation.org.au

The Flora & Frank Leith Charitable Trust

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Gandel Charitable Trust

Helen Macpherson Smith Trust www.hmstrust.org.au

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Melbourne Community Foundation

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