

Reconciliation Action Plans

DISCUSSION PAPER

From good intentions to action that works:
measuring the contribution of
reconciliation actions in closing the gap



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Key points

Aim and background

- This paper aims to enable discussions to inform the way the impact of Reconciliation Action Plans (RAPs) is measured
- RAPs aim to turn good intentions into action that contributes positively to closing the gap in life expectancy between Indigenous and other Australians
- Reconciliation Australia encourages organisations to implement actions that promote strong relationships, increased respect and mutually beneficial opportunities
- Significant numbers of people have become engaged in the RAP program and committed to activities designed to close the gap – for example, 334 organisations employing 1.4 million people (14 percent of the Australian workforce) are engaged in the RAP program
- Organisations working outside of the health sector can positively contribute by optimising social determinants of health within their sphere of interest, and mutually benefit in many ways.

Success will be determined by:

- The degree to which Indigenous people are engaged and consulted in choosing, implementing and monitoring actions that complement local community development plans
- The quality, scale and significance of those actions and the willingness of organisations to collectively commit to long term action-based learning
- The extent of attitude changes of Indigenous and other Australians toward each other.

Reconciliation Australia proposes to:

- Measure the collective progress of RAP actions in optimising social determinants of health
- Provide reporting to RAP organisations on the link between their actions and national progress in closing the gap
- Establish a RAP Impact Evaluation Committee comprised of social impact and other experts to guide, implement and communicate this work
- Consult with stakeholders between now and January 2010 to develop an appropriate impact measurement framework
- Seek expressions of interest from organisations wishing to partner with us to undertake this work.

1. Executive summary

The aim of this paper is to provide a framework to enable discussions between Reconciliation Australia and interested stakeholders about ways we can and should measure the impact of our work. We are especially interested in ways to measure the relationship between Reconciliation Action Plans and the contribution they make to closing the gap in the life expectancy between Indigenous people and other Australians.

The large majority of Australians believe that it is unacceptable that an 11-year gap exists between the life expectancy of Indigenous people and other Australians (ABS, 2009; Reconciliation Barometer, 2009). Since 2006, large numbers of people have become engaged in activities designed to 'close the gap', and this concept has come to mean more than the life expectancy gap alone. It is important to note that Aboriginal people generally regard the mantra of closing the gap as a means to an end. This end also encompasses wellbeing, happiness and belonging, in addition to longevity, not just for themselves as individuals, but for their families as well. However, to many Australians, the concept of closing the gap resonates well as a simple message and has compelled thousands of people to ask 'what can I do?'

In response to this question, Reconciliation Australia developed a program in 2006 to enable people to turn good intentions into action through organisation-wide Reconciliation Action Plans (RAPs). The RAP program has so far engaged 334 organisations from many sectors, employing 1.4 million people (14 per cent of the Australian workforce) to choose actions which are mutually beneficial to Aboriginal people, the wider community and the organisation itself, within their area of expertise.

Many of the organisations currently implementing a RAP want to understand the impact their actions have at the national level. These actions include, for example, employing and developing Indigenous people, contracting with Indigenous organisations, strengthening relationships and respect through cultural awareness and mutual mentoring and establishing better relations with local communities. Leaders in these organisations want to know that their chosen actions are executed with high quality and appropriate participation, are achieving necessary scale and that they are contributing positively to closing the gap. Indigenous community leaders and organisations equally want to know that community aspirations have influenced the selection of actions.

Measuring social impact is challenging and finding accord amongst key groups is not straightforward. However, setting goals enables accountability, focuses action and engages people. Engaging key actors in the process is essential. The participation and satisfaction of Indigenous people and other stakeholders must be monitored, reviewed and responded to. This approach, combined with capturing the most significant changes (whether intended or not) and the attitudes and views of people in key areas is fundamental to any framework to measure social impact.

An emerging body of evidence from the World Health Organisation (WHO) and the Australian Institute of Health and Welfare, for example, increasingly shows strong, positive association between health and the social conditions in which people live. These social determinants of health include: economic inclusion; childhood development; social inclusion; employment security, and; other primary health factors – including access to appropriate food, transport and housing.

The large majority of stakeholders of Reconciliation Australia are outside of the health sector. Many have operations directly impacting these social determinants of health. Organisations implementing a RAP are encouraged to choose actions that are mutually beneficial to the organisation and Indigenous people, within their sphere of influence and competence, and which are closely linked to the social determinants of health.

Reconciliation Australia has been encouraged by Aboriginal and other health and social impact experts, to measure the contribution RAP actions make in improving social determinants of health for large numbers of people. We recognise that the RAP program is one of many worthwhile initiatives aiming to close the gap. This interconnectedness and interdependency means that directly attributing actions to improvements in life expectancy is not possible for any one program. These same groups have discouraged us from oversimplifying impact measurement through a single measure, for example, as an aggregate wellbeing index or human development index. Rather, we have been advised to focus on measuring outputs and indicators that are primary drivers of social determinants of health (such as employment, supplier contracts, attitudes and social and economic inclusion actions) and to use action-based learning techniques to continually improve this framework.

A series of reports at the aggregate and organisation level are proposed and samples included in this paper. Confidential reports will be tailored for organisations engaged in the RAP program to provide an understanding of the relative impacts and effectiveness of their actions. Organisations may also wish to use selected information contained in this independent assessment for broader stakeholder reporting and communication.

Finally, Reconciliation Australia intends to convene a 'RAP Impact Evaluation Committee' to govern and guide its impact measurement framework, comprising a group of experts in relevant fields including: social impact monitoring and evaluation; public policy; Indigenous economic development; Indigenous community development; psychological wellbeing; social determinants of health; ethics and corporate responsibility; information management; health and Indigenous health, and; media and communications.

Next steps

Interested parties are invited to provide commentary on the issues and ideas presented in this discussion paper. Comments are invited by 26 February 2010 and should be emailed to adam.mooney@reconciliation.org.au or forwarded to:

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Reconciliation Australia will be conducting stakeholder consultations on issues raised in this paper. This consultation will include workshops in the first quarter of 2010. At the end of the consultation period, Reconciliation Australia will summarise the

feedback. This feedback will be published, along with Reconciliation Australia's response, in the second quarter of 2010.

2. Introduction

a. Towards an impact measurement framework

There are important considerations to be made when developing a framework to measure progressive impact of RAPs in closing the gap.

Firstly, it is essential to consider the relevance and appropriateness of the aim itself, to close the gap, and how this aligns and interacts with community aspirations. It is helpful here to look at what has worked overseas as well as here in Australia. It is also important to understand the nature and scale of current activities that are being undertaken with the aim of closing the gap.

Secondly, there are many measurement considerations to be made, starting with the question of 'why measure at all?' Understanding the drivers of life expectancy, the way it is calculated and how it is linked with wellbeing and social determinants is important. Identifying and acknowledging data availability and challenges before choosing a methodology is also recommended.

Thirdly, suggesting a recommended approach, with reference to the background perspective and measurement considerations, as a basis for discussion is also needed. Here, measurement philosophy and techniques, accompanied by a possible reporting framework and processes to independently govern, guide and review the work need to be provided.

Finally, the consultation process itself is fundamental in choosing the best approach to measuring and communicating impact. Engaging with the right people, with both a stake in and expertise in specific matters, is essential.

The approach to developing this discussion paper is consistent with the considerations and sequence outlined above.

b. Closing the gap – an end or a means to an end?

Living a happy, fulfilling and satisfying life is what most people want. Those that believe they have achieved this generally say that it is evidenced by sustained physical and emotional wellbeing over a reasonable timeframe. Very few people aim simply to live to old age without reference to quality of life.

The aim of closing the 11-year gap in life expectancy between Indigenous and other Australians resonates well with large numbers of people. It is a simple concept that is easily understood, is measurable over time, and is driven by health and social factors. Less observable and measurable, however, is the concept of individual, family and community wellbeing. Yet in conversations with individual people, factors associated with wellbeing generally take precedence, with longevity being an important, but secondary objective.

It is perhaps a paradox therefore that finding an accord on how to measure and observe wellbeing should be so problematic. Due to the characteristic qualities of low observability and measurability, psychologists, health workers and community development practitioners regularly disagree on this most important aspect of our

own happiness and quality of life. As a result, community and aggregate wellbeing is often approximated through the more observable proxy measure of life expectancy.

Finding this common ground helps to overcome ideological divergence, for example, relating to symbolic and practical actions, concepts of self-determination, interpretation of mutual obligation, approaches to community development as well as perceptions of histories. Measuring progress in closing the gap therefore needs forever to be placed in this context - that it is sufficiently general and measurable to engage large numbers of people to take action. Life expectancy and longevity is only part of the picture in measuring progress in overall wellbeing, to the extent that it takes time to sustain physical and emotional wellbeing. The relationship is both causal and consequential.

Health economists have attempted to assign some value to quality of life through the 'disability adjusted life years', or DALYs, calculation which adjusts life expectancy for the burden of disease. For example, the loss of a limb discounts absolute life expectancy by 30% and blindness 60% even though the person may live to the average life expectancy. DALYs does not take mental health and wellbeing into account.

In Australia, from as early as 2005, governments, community organisations and businesses have increasingly and commonly agreed that the current 11-year life expectancy gap between Indigenous and other people is unacceptable by any terms in any society. Importantly, commitments to work to 'close the gap' have been made and become central aims of Indigenous affairs and health policy.

The mantra of 'closing the gap' is now ever-present in government policy, corporate responsibility aims and community organisation mission statements. These references are generally followed by specific strategies, programs and actions that have been chosen to contribute to closing the gap and demonstrate commitment.

Here, it needs to be recognised that focusing solely on closing the gap will have limitations. The evolution of Western science and medicine has produced a conceptual framework which leads some doctors and scientists to accept that some Indigenous peoples have a genetic predisposition to disease and shorter lives. This perpetuation of the errors made in the early 20th century through the constructed principles of eugenics, or presumption of inheritable traits, would also extend the negative societal outcomes now well documented from that period. At best, the consequence of this proposal is to limit expectations. At worst, this may lead to active obstructionism of measures to close the gap, in favour of actions deemed more efficient and likely to succeed, especially when resources are scarce. This phenomenon may be allied with and contribute to stigmatisation of Indigenous people and lead to a loss of hope, identity and lower expectations.

Another consideration of focusing entirely on closing the gap is the impact this has when considering how to work with communities. Preconceiving that the primary development objective of all Aboriginal people is to close the gap will lead to difficulties and may conflict with and threaten existing community development plans that are underway and owned and achieving sound progress. The Table 1, below, contains several approaches to community development. Introducing concepts of closing the gap and social determinants of health is best undertaken in communities that apply a primarily participatory approach. In reality, community development

strategies and programs outlined in the Table 1, and others, are not mutually exclusive and are generally applied simultaneously in varying degrees and phases.

Table 1

Community development

Indigenous and non-Indigenous leaders agree on the important goal of providing equal opportunities for all Australians. However, policy, principles and debate must focus on what this means and how it should be achieved. There needs to be a clear relationship between the goal, approach and actions. Very few stakeholders agree on the approach and therefore shift focus straight towards action.

Approach	Description	Advantage	Disadvantage	Successful example
Rights-based	Action driven by basic right to: life; security; livelihood; basic services; be heard; identity.	Current development leading practice	Longer timeframe, prioritisation needed	Scandinavia, France, Kerala (India), Cuba
Needs-based	Survey immediate basic needs such as food, water, health, education and provide these.	Practical, relieves immediate needs	Short term only, over-focus on weakest people	Timor Leste, 2004 tsunami response
Participatory	Ask communities to describe good society and apply to local setting - what must happen?	Cohesive, locally owned and sustained	Regional and urban application difficult	Minority communities in Cambodia, Laos, Africa
Modernity	Modernity used as transitional agent to rebuild community	Easy replication from urban centres	Culturally and locally disrespectful	Post-WW2 reconstruction of Europe, industrial revolution
Ecological	Local knowledge of environment applied to best use resources - humankind a part of nature	Sustainable, uses local knowledge	Economic development a by-product, not a goal	Rural India Canada (First Nations)

'Closing the gap' should be seen as a 'means' to developing and sustaining wellbeing and not an 'end'. It is a means to engage large numbers of people to play a role, within their sphere of influence and competency, to contribute to overall community wellbeing. In that context, closing the gap is starting to show signs of success.

c. Community aspirations

Community development is the fundamental process whereby people articulate their own dreams and aspirations, then go about achieving it. In this process, support groups and other actors find power and legitimacy to effect positive change within the community. This happens when those aspirations are identified, broadly discussed, prioritised and confirmed verbally and via the drafting and approval of a community development plan, outlining key result areas, timeframes, principles and decision making processes.

Within Australia, Aboriginal people and community leaders have repeatedly confirmed that success occurs when Aboriginal people lead and actively participate in the community development process. In these situations, support groups were invited to participate, listened without assuming that aspirations were similar to other communities, were culturally respectful and were prepared to adapt to changed circumstances or new information.

This participatory approach to meeting community aspirations through development programs is gaining momentum and showing success in many settings (Baum, Bentley and Anderson, 2004). One such specific approach is called Participatory Rural Appraisal (PRA) and has been applied in urban, regional and remote communities. Key tenets of PRA include participation, teamwork, flexibility, optimal ignorance (just enough information) and formal validation of data used for evidence.

PRA-led community development programs are more likely to result in real community control and lasting, sustainable outcomes.

Australians also have aspirations in regard to our own national identity, attitudes and values. In 2008, Reconciliation Australia issued the first Australian Reconciliation Barometer. This national research study and survey looked at how Indigenous and other Australians saw each other in terms of core attitudes and values. It also provided insights into what Australians aspire to. Some of the messages from the Barometer are:

- Nine out of ten people said the relationship between Indigenous and other Australians was important for Australia;
- Seven out of ten people said Indigenous culture is important to Australia's identity, and;
- Nine out of ten people said it's important that all Australians know about Indigenous culture.

These national aspirations are able to be realised at the local and individual level.

d. Drawing upon success

Some progress has been made in improving wellbeing and closing the gap both overseas and within Australia.

International experience

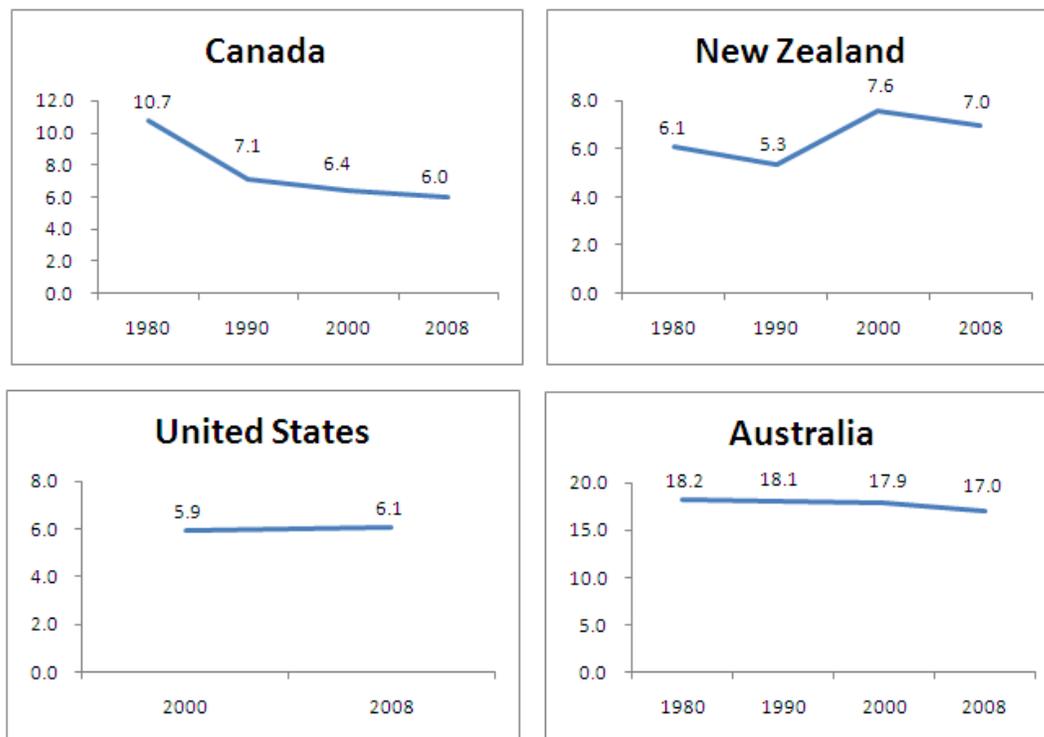
Australia's absolute gap in life expectancy of 11 years (as reported at the last Census) is almost twice that of Canada and the United States, and four years above that of New Zealand, based on 2008 estimates. Comparing Australia and Canada, two countries with similar populations, recent histories and proportionate populations of Indigenous peoples, is illuminating. The average life expectancy of Australian children born in 2008 is 82 years, marginally above Canadian children at 80.4 years, yet the life expectancy of Indigenous people in Australia is 71 years, well below Canadian Aboriginal life expectancy of 74.4 years.

It is important to note here that methods and data used to calculate life expectancy, especially that of Indigenous peoples, vary throughout the world. This is known as 'numerator-denominator bias' and results from inadequate capture and recording of data relating to deaths. In this case, best estimates from epidemiology studies have been used to ensure that, within countries, reasonable relative comparison is able to be made on a 'like with like' basis (Hill, Barker, Vos, 2007).

In terms of relative progress, Canada almost halved its life expectancy gap over the last three decades, from 10.7 years to 6 years (chart 1). During this period, average life expectancy of all Canadians also improved by 5.2 years. Canadian Aboriginal life expectancy therefore significantly outperformed the average improvement and leapt 9.9 years, from 64.5 years in 1980 to 74.4 years in 2008. Over the same period it is estimated that the gap in Australian, New Zealand and United States life expectancy either widened or remained flat. In these countries Indigenous people's life expectancy has increased in absolute terms but not kept pace with the gains in the overall population.

Chart 1

Progress in closing the gap : 1980 - 2008 (years)



Sources:

Australian Institute of Health and Welfare, 2006
 Hill, Barker, Vos, 2007
 Statistics New Zealand
 Health Canada
 Grim, 2005
 United States Census Bureau
 United States Department of Health and Human Services
 N.B. Australian data using methodology applied prior to May 2009.

In a report entitled 'What makes First Nations communities successful' Health Canada (Driscoll, Jackson, 2007) reports that health practitioners and First Nations community leaders believe the positive progress in Canada is the direct result of several actions:

- Multi-faceted focus across all sectors, ages, demographics and geographies, linked to the drivers of life expectancy;
- Whole of community participation, including individuals, corporations, small businesses, community organisations, schools and all levels of government;
- Progressive devolution of control of health and social services to the community level from the mid-1980s, especially successful in Inuit communities;
- A participatory approach in which First Nations people were involved in defining 'successful communities', then engaging actors and institutions to realise this (see table below);
- Development of a community well being (CWB) index, to guide and inform resource allocation, established by First Nations people together with the Federal Government;

- Indigenous rights were included in the Canadian Constitution in 1982, enabling judicial decisions to exercise those rights, for example in fishing and natural resource rights;
- Improvements in adult literacy and education attendance rates, and;
- Increased labour force participation and income levels.

Table 2

Some Characteristics of "Successful Communities" Identified by First Nations Community Leaders and Health Authorities

<i>Characteristics of Relationships</i>	<i>Characteristics of Institutions</i>	<i>Characteristics of Leadership</i>
mobilize and maximize the strengths of individuals	stable and strong economic base (or movement towards developing such a base)	good governance
strong community identity and pride	cultural integrity is obvious and supported	proactive planning towards a long-term vision
strong family functioning	members respect and participate in local institutions	internal accountability

Source: Driscoll, Jackson, 2007

In New Zealand, improvements in Maori life expectancy have generally kept pace with the non-Maori (Pakeha) community over the last 30 years, however a 7 year life expectancy gap remains. Over the last century, improvements and deterioration in Maori health and wellbeing has often been associated with land ownership and access and the economic consequences this has, as well as the state of the relationship between Maori and Pakeha, among other factors (Sheppard, 2004).

Native American life expectancy has increased by 9 years, or 14 per cent, since 1974 (Grim, 2005). Lack of data makes analysis difficult, however, studies with the Navajo people show that improvement in overall health has been positively associated with economic conditions and wealth, as well as strengthened identity and self esteem over a long period (Shumway Jones, 2004).

In Brazil, where Indigenous people make up 0.2% of the population, improvement in life expectancy has been evidenced in some areas, following strong focus on social control at the local level (Garnelo, Sampaio, 2003). Specifically, health councils in which decision making and autonomy was stronger at the local level, rather than the district or regional level, have seen relative improvements in health outcomes. By consciously transferring power to the local level, socio-cultural factors such as communication, respect and knowledge management, have led to improvements in livelihoods and community resilience accompanied by - and enabled by - better health and life expectancy.

Other communities in Latin America have taken a 'needs-based' approach to their own community development, for example, through food security and water and sanitation projects, and have also seen significant health improvements. In most cases, these communities focused on a needs approach - rather than say rights,

participation or ecological – as they were in a relief or rehabilitation phase and starting with life expectancy at a considerably lower base.

Australia

Over the last 40 years, life expectancy of Aboriginal people in the Northern Territory is estimated to have increased from 53 years to 64 years, or 21 per cent (Wilson, Condon, Barnes, 2007). Whilst the overall gap between Indigenous and other Territorians was not reduced, but maintained, the relative rate of improvement in Indigenous life expectancy considerably outperforms that of non-Indigenous Territorians.

Improvements in socio-economic conditions, especially better nutrition, maternal and infant care, along with reduced incidence of infectious diseases and respiratory infections, were key factors. However, during the same period, these were partly offset by higher incidences of disease associated with lifestyle factors, such as diabetes and cardiovascular and respiratory diseases (Zhao and Dempsey, 2006).

These improvements in socio-economic conditions coincided with significant events, strengthening Indigenous recognition, identity, confidence and economic resilience. Among others, these included:

- The 1974 Royal Commission into Aboriginal land rights in the Northern Territory, which led to inalienable title to reserve lands, establishment of land councils and an obligation for resource companies to seek Aboriginal consent and relationship building;
- The 1967 referendum, in which more than 90 per cent of Australians agreed that Indigenous people should be included in the Australian census and the Federal Government should have the power to make laws in respect of Indigenous Australians;
- Wave Hill strike led by Vincent Lingiari in 1966 that ultimately delivered incomes through recognition of the principle of equal pay - both symbolically and practically significant, and;
- Increased access to public health, education and social services;

e. Activities aimed at closing the gap

In Australia, the aim to close the life expectancy gap has become widely supported and endorsed by a large number of organisations and individuals, including many Indigenous people. It appeals to and engages so many people because of its simplicity and reference to long lasting health, something we all aspire to and understand.

Examples of some commitments to closing the gap, are included in the table below:

Organisation	General commitment to closing the gap
Council of Australian Governments (COAG)	Through the National Indigenous Reform Agenda (NIRA) COAG set six targets in October 2008: <ul style="list-style-type: none"> • to close the gap in life expectancy within a generation; • to halve the gap in mortality rates for Indigenous children under five within a decade; • to ensure all Indigenous four-year olds in remote

	<p>communities have access to early childhood education within five years;</p> <ul style="list-style-type: none"> • to halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade; • to halve the gap for Indigenous students in year 12 equivalent attainment by 2020, and; • to halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade
Close the gap campaign	40 organisations calling for federal, state and territory governments to commit to closing the life expectancy gap between Indigenous and non-Indigenous Australians within a generation (25 years).
Reconciliation Australia	Engaging and supporting large numbers of people to play appropriate roles within their sphere of influence to close the gap.
Business Council of Australia	Sharing information, corporate taskforce, developing tools and encouraging member companies to work to close the gap.
Australian Council of Trade Unions (ACTU)	Indigenous workers survey and other commitments to promote long lasting employment of Indigenous people.
Australian Employment Covenant	Employment, mentoring, training
ANZ	Employment, home ownership, financial inclusion, cultural awareness and capacity building.
Foxtel	Industry group leadership, Indigenous content, communications, promoting Indigenous creative talent and cultural awareness
Yarnteen	Indigenous organisation building wealth and enterprise development and skill and leadership development
QANTAS	Tourism partnerships with Indigenous businesses, employment, IT skill development, cultural awareness
Australia Post	Employment, traineeships, supplier diversity
NAB	Microenterprise development, employment, relationships, inter-sectoral capacity building, financial inclusion
Gilbert and Tobin	Cadetship and employment, youth engagement, organisational (cultural) development
BHP Billiton	Education, training, employment, cultural awareness, Indigenous business development
Oxfam	Cross cultural awareness, communication and competence, employment, health and well being, campaign leadership
Melbourne City Council	Respectful relationships, Indigenous business development, employment and cultural awareness
Warringah Council	Community based management, reconciliation groups, training (inhouse), awareness and attitudes, heritage

Most companies that engage in closing the gap initiatives, do so in the context of their own corporate responsibility, as increasingly expected by their stakeholders including staff, customers and shareholders. Statements and programs typically aim to 'improve quality of life', 'improve employment prospects', 'promote social inclusion' and 'alleviate disadvantage and improve equality' of Aboriginal and Torres

Strait Islanders. Few have a process of becoming self aware about their own organisational capacity to work with Aboriginal people to deliver these aims.

When applied to standard corporate responsibility evaluation indices, which include performance against other social and environmental aims, measurement often takes the form of dollars spent, workshops held, consultations made or people trained. These measures do not enable progress against closing the gap to be assessed. They also do not adequately capture the business benefits realised from the investment made by these companies.

The business case for closing the gap

An increasing number of organisations understand that closing the gap is good for business and the economy, as well as for society as a whole. Directors of these companies appropriately articulate the business benefits from working to close the gap. Reconciliation Australia engaged Access Economics in 2008 to model the economic impact of closing the gap by 2029. This highlighted that GDP would increase (by \$10 billion, or 1 per cent), government revenue would increase (by \$4.6 billion) mainly through higher employment leading to greater income and payroll tax, and government expenditure would fall (by \$3.7 billion) mainly resulting from reduced demand for government social and health services (Access Economics, 2008). In short, all Australians would be better off.

Similarly, leading businesses are more confidently citing both social and business benefits to give context for investments relating to closing the gap. Boardroom discussion on these matters has shifted from philanthropic perspectives that emerge when times are good, to longer term sustainable activities which are outcome focused and benefit companies in several ways. In addition to social and community benefits, business benefits cited in conversations include:

- **Efficiency and effectiveness**, by developing an inclusive and confident customer base – Indigenous customers are generally the least confident and trusting in engaging with businesses, due to past experiences. Capable and confident customers engage more deeply and are likely to develop a broad-based relationship where needs are met more fully and interactions are more efficient.
- **Improved market access** – developing new markets and better penetrating existing markets by more fully meeting the needs of the fastest growing part of the Australian population. Employing a workforce that is representative of the community in which organisations live and operate helps to develop trust and better engages Indigenous customers. Employment is seen here as a means, rather than an end.
- **Workforce efficiency** - Attracting, motivating and developing talented local staff that are connected to vibrant local communities is efficient and effective. This overcomes costs and challenges associated with recruiting, transporting and accommodating staff from other locations and the higher turnover rates of these positions.
- **Meeting changed customer preferences** – Generation Y (born after 1980) clearly have a greater connection to social and corporate responsibility and make this a day to day part of their lives. Purchasing choices are, and will increasingly be, influenced by organisation reputation and community orientation.

- **Staff engagement and satisfaction** – Existing, new and future staff, for example graduates, are increasingly aware of and interested in social responsibility of their employer and want to opportunity to play a meaningful role, through their workplace, in closing the gap.
- **Improving compliance** – Very few frontline staff in large organisations could say that they have a strong understanding of Indigenous customer’s needs. Customer needs may be unmet or inappropriately met, involving breaches in consumer protection and other laws. For example, banks are obliged to know the customer and fully understand their needs before offering a financial product.
- **Shaping public and industry policy** – Having a good relationships with Aboriginal people has led to trusted companies being consulted and included in discussions to develop policy on employment, regulation, consumer affairs, health, tax, etc..
- **Value alignment** – Companies doing what they say is important and aligns with organisational values such as community trust, customer focus, inspiring people, being bold and to create sustainable shareholder value.

f. Reconciliation Australia

Reconciliation Australia works with different parts of the Australian community – governments, business, organisations and individuals – and operates on the basis that there are three core elements of reconciliation.

1. Working together to close the gaps between Indigenous and other Australians for the benefit of all Australians
2. Improving relationships between Aboriginal and Torres Strait Islander and other Australians
3. Achieving a shared sense of fairness and justice.

These three strands constitute the central objective, the central mechanism and the qualitative test of reconciliation, and form the basis of Reconciliation Australia's role among many others now working in this area.

Reconciliation Australia is a non-government not-for-profit organisation established in 2000. Reconciliation involves justice, recognition and healing. It's about helping all Australians move forward with a better understanding of the past and how the past affects the lives of Aboriginal and Torres Strait Islander people today.

The ambition of Reconciliation Australia is to eliminate the gap in life expectancy between Indigenous and other Australian children. All programs and activities are undertaken, with partners, to achieve this and are driven by four strategic objectives: modelling reconciliation; community education and engagement; influencing policy, and; organisation development.

Reconciliation Action Plan (RAP) program

The RAP program was launched in July 2006 to turn "good intentions into action" by encouraging and supporting organisations, large and small, to engage within their sphere of influence in the national effort to close the 11-year gap in life expectancy between Indigenous and other Australians.

Through RAPs, Reconciliation Australia provides the framework, advice, networks and evaluation (including lessons learned across the program) for organisations to make a real, measurable difference.

The RAP framework includes specific actions in three interdependent areas of reconciliation: building relationships, demonstrating respect and creating two way opportunities. All RAPs include specific, measureable actions and targets with timeframes, and annual reporting and refreshing based on lessons learned.

The program is based on the strong business case for closing the gap which sits alongside the moral and social case.

The first three years - RAP engagement to date

As at October 2009, there were 159 RAPs registered, including companies, sporting codes, media organisations, hospitals, NGOs, governments at all levels and schools. These organisations collectively employ around 700,000 people or 7% of the

Australian workforce. Whilst not all staff are directly involved in the RAP activities, the opportunity and encouragement to be involved, through the workplace, exists.

One third of Business Council of Australia members are either implementing or developing RAPs – examples of corporates include BHP Billiton, Commonwealth Bank of Australia, Qantas, Rio Tinto, Foxtel, News Limited, ANZ, National Australia Bank, Transfield Services and Wesfarmers.

The School RAP program was launched in February 2008, with RAP schools already reporting higher attendance rates and improved learning outcomes for Indigenous students. Corporations are now seeking to connect with the school RAP community to attract trainees from schools that value and develop Indigenous students.

A further 175 RAPs are in development and are expected to be launched in 2010, with projected total engagement at December 2010 of 334 organisations which employ 1.4 million people (14% of Australian workforce).

Key points:

- Large numbers of people have been engaged in closing the gap in the last three years
- The social and economic case for closing the gap is now widely accepted to be of benefit to all Australians
- Business is playing a key role and is more confidently talking about the business benefits from better relationships with Indigenous people
- 'Closing the gap' is only a means to engage people, not an end
- Emotional and psychological wellbeing is difficult to measure but is critical
- Canada has seen the best progress in closing the gap – from 11 to 6 years over 30 years
- In Australia, Indigenous life expectancy has risen fastest in the Northern Territory over the last 40 years, driven by a range of social determinants.

Questions for discussion

- Are there additional examples of success in closing the gap in life expectancy between Indigenous and other people outside of Australia?
- What proportion of the Australian population could realistically be expected to engage in activities to close the gap?
- How might others be engaged in reconciliation activities?
- Are there business benefits flowing from closing the gaps, other than those identified?
- Should businesses and other organisations be encouraged to quantify the profit and loss benefits of closing the gap investments?

3. Measurement considerations

a. Why measure?

“Australia has set itself an admirable and most ambitious target of closing the gap in a generation. Yet setting numerical goals enables accountability, focuses action, promotes learning and engages people”.

Professor Sir Michael Marmot, Chair, Commission for the Social Determinants of Health, World Health Organisation, Fulbright Symposium, Adelaide, 10 July 2008.

Monitoring progress against a goal and continually evaluating the impact is fundamental in finding ways to improve community wellbeing and development.

Measuring economic growth or profit against targets is something the business and financial community has been familiar with for centuries. Stakeholders, including capital and human resource providers, usually become engaged in a commercial activity through a prospectus containing a set of projections or targets, along with statements about the values and principles outlining the way activities are to be carried out. The owners make commitments to keep those stakeholders informed of progress and to know whether their expectations are being met, enabling new or corrective action to be undertaken.

Unlike the relatively abstract nature of investing capital, investing time and resources in social and community outcomes does not have an explicit prospectus. There is an implied, but very real engagement model – those things that human beings aspire to including survival, wellbeing, happiness and self-actualisation including realising individual potential. The manifestations of these aspirations vary by individual and across communities.

In business, the international accounting profession has found accord by debating and agreeing on a conceptual framework and set of standards which are applied to quantify and measure outcomes such as income, costs, assets and return to shareholders. Recent developments in ‘triple bottom line reporting’ and social and environmental accounting, such as corporate responsibility indices, have been primarily driven by the desire of organisations to demonstrate the impact their activities are having on communities. This is business-led, rather than community-led. Whilst there have recently been interesting new directions in defining the ‘social contract’, this reporting, by design, is limited to demonstrating corporate social responsibility, rather than assessing contribution to whole of community desired outcomes.

The United Nations and other entities have also developed conceptual frameworks for measuring social progress in the areas of the environment, human development and health. For example, the Human Development Index (HDI) is applied by the United Nations Development Program to benchmark relative performance and position of the human development of countries. It uses previously existing aggregated data on life expectancy, literacy, education and economic utility and production. Whilst far from ideal, the use of the HDI has helped poorer, so-called ‘developing countries’ focus their social development activities especially when incentives, such as more aid, are applied.

Critics might also say that making progress in the HDI ranking - for example, moving out of the bottom 40 countries – leads to penalties whereby development organisations may scale back or exit activities. In addition, someone needs to be at the bottom and deteriorating progress may stigmatise and negatively impact national psyche. Another criticism is that such aggregated national data is not accessible at the all important local level, where it needs to be understood, interpreted and acted upon. These are problems with interpreting and applying the data, rather than measurement per se.

Human and social development has also been described as a ‘wicked problem’. This technical term, developed by architect Horst Rittel, suggests that solutions cannot be found until the ‘problem’ is defined. In solving social problems, the inability of key actors to agree on a definition of the problem, combined with the role existing interventions in changing the nature and perspective of the problem, implies that the problem is insoluble and that any actions will not succeed. The implications here for closing the gap as a problem to be solved is that it may be superseded by other linked or spawned problems before the gap is closed or, in a worst case scenario, be dismissed as a fool’s errand.

These various measurement considerations may lead some actors to avoid the rational process of setting aims, taking action, observing impact and refining. Many people involved in human and community development simply state ‘It’s just the right thing to do’, and begin taking action based on intuition, motivated by their own assessment or personal interest. In terms of measurement-based rational, continuous learning, doing ‘the right thing’ without pre-set goals does not enable learning through evaluation. This approach may both contribute to and detract from other targeted action. It also often involves overlooking the aspirations of, and feedback from, community members that are held as the target group.

Measuring progress in any community development activity is essential. It enables learning and reflection, engages and retains engagement of key stakeholders and involves community members to control actions by observing and commenting on the real impact.

b. What to measure

Measurement must be designed to provide stakeholders with feedback and learning on progress. In terms of the RAP program there are various stakeholder interests in measurement:

- **Indigenous people** want to know if the program is having the right impact in communities, and drive and shape the future RAP actions that will impact them.
- **Organisations** with RAPs want to understand the national progress in closing the gap each year and the role that they have played through their actions.
- **Governments** want to know what is working and why, to understand the nature of RAP actions to develop effective partnerships and ways of working together to be effective and efficient, and to do this in a way that values strong respectful relationships.
- **Program staff** at Reconciliation Australia need to know about significant impacts to refine and refresh the advice and tools we provide.

- **Funders, media, researchers, peak bodies and others** want to know what is working so they can share this information with large numbers of people to enable informed action-taking within their sphere of influence.

Definition:

We want to measure progress in closing the gap in life expectancy between Indigenous and other Australians, and to enable dynamic learning and improvements through sharing key information.

Factors to measure:

To meet the expectations of our stakeholders we need to measure the:

1. Engagement and satisfaction of Indigenous stakeholders
2. Drivers of life expectancy and their key determinants
3. Most significant changes that occur
4. Lessons learned.

c. Participation and consultation

Success in community development practice can only be assessed by one group of people – those for whom the action is intended to impact positively. In terms of closing the life expectancy gap, all Australians are targeted for positive impact.

As stated earlier in the social and economic case for closing the gap, all Australians will be better off. Indigenous Australians will lead happier, healthier, longer and more meaningful lives, proud of their achievements, identity and history and confident about the future. So too will other Australians. Other Australians' sense of identity, perspectives of history and pride will be significantly strengthened. All Australians want to live in vibrant, thriving, well connected local communities, with meaningful roles for all, who are able to solve local problems themselves when they occur.

If the gap is to be closed in the next 22 years (defined as a generation), Aboriginal and Torres Strait Islander life expectancy will need to increase from an average of 71 years in 2008, to 88 years, the forward projection for all Australians born in 2031. This represents a 24% increase in life expectancy over the period or approximately 0.77 years for each year that passes.

Any strategy to achieve this ambitious goal will only be achieved in close consultation and in partnership with Aboriginal people. This is especially true of selecting key metrics that are meaningful and are owned and actionable. Control over this process is essential. As is evidenced in Canada, significant progress has been made in closing the gap in communities that developed their own community wellbeing index – measures that were relevant and set in community discussion – and had local control and autonomy over key primary health institutions, that were well resourced. Measuring the degree to which Indigenous people are satisfied and in control of these processes and actions is fundamental.

d. Life expectancy – calculation and drivers

Put simply, average life expectancy is estimated by applying historical deaths per capita to projected population data. It presupposes that past mortality rates will continue within a specific gender and age combination into the future. Therefore, according to this actuarial calculation, only two factors will lead to changes in future life expectancy estimates. They are:

- a) Demographic changes – population variations by age and gender, and;
- b) Mortality rates – the number of actual deaths within age and gender groups.

Over the last thirty years statistical authorities have used at least four different methodologies to estimate Indigenous life expectancy, for various reasons (refer section 3g below). All of these are inconsistent with and incomparable to life expectancy calculations for rest of the population. As recently as May 2009, another new methodology was implemented to directly compare Indigenous deaths data with population data from the 2006 Census. Focusing on accuracy through new methodologies has removed the ability to obtain trend data, as each new methodology has not been applied to restate previous periods, had that methodology existed at the time.

Despite the inability to confidently report 'like with like' trend data, there is some encouraging evidence of improvement in the drivers of life expectancy, as identified in a report by the Australian Institute of Health and Welfare (AIHW, 2008).

Specifically, in terms of **Indigenous health**, the following improvements have been evidenced between 1991 and 2006:

- Mortality rates have declined by 12 per cent;
- Infant mortality has declined 47 per cent, and;
- Heart and blood (circulatory) related deaths declined by 31 per cent (1997-2006).

On all measures above, the rates of improvement outperformed those of non-Indigenous people. However, these improvements have been partly offset by increases in the same period in renal disease (185 per cent) impacting older people. Little improvement is evidenced in lifting birth weights and in ear, dental and rheumatic (general muscular and tissue) health. So, whilst some improvement is evidenced amongst the health of younger people, older age groups are experiencing either deterioration or no progress in overall health.

In terms of **population demographics**:

- 75 per cent of Indigenous people were below 35 years of age in 2001, compared with 50 percent of non-Indigenous people, and;
- Projections indicate that the proportion of young Indigenous people will continue to grow driven by higher birth rates (2.1 babies per Indigenous woman compared with 1.7 babies per non-Indigenous woman in 2001, HREOC, 2006).
http://www.hreoc.gov.au/social_justice/statistics/index.html#toc2

From this, it can be expected that Indigenous life expectancy is likely to accelerate at a greater rate than the rest of the population, albeit from a lower base. This will

result from the combined impact of reductions in the rate of mortality along with population projections which forecast increasing numbers of Indigenous birth rates.

From a pure calculation perspective, life expectancy of Indigenous Australians will improve where mortality is reduced across all age and gender categories. This will be driven by:

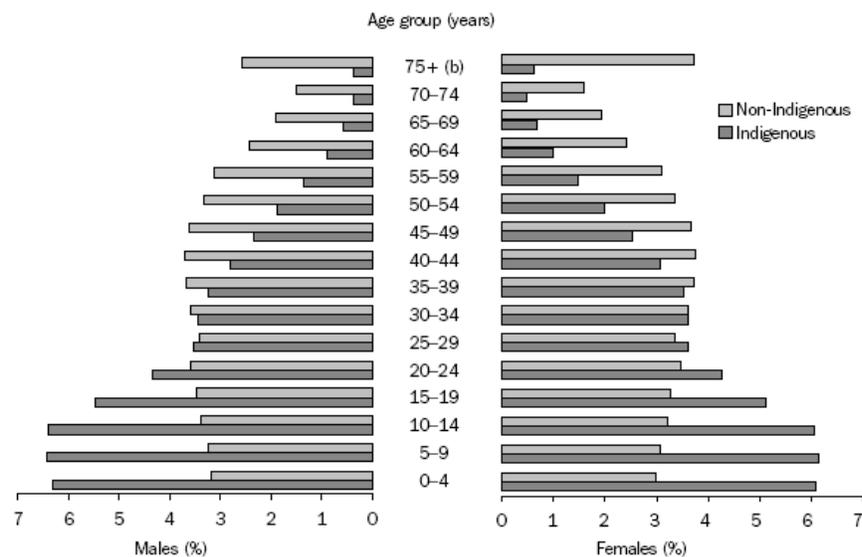
- access to and utilisation of appropriate health services, and;
- optimising the social determinants of health (discussed in section 3f).

There has been a tendency within Australia to over-focus on one particular demographic group, for example young people, in addressing Indigenous health. In assessing overall wellbeing, young people align their own health collectively with that of their elders, wider family and community. Experiencing, at close range, family despair as elders die and suffer disease at relatively young ages, severely impacts the wellbeing of young people. This may impact negatively during the adolescent transition from 15 to 20 years, the period many Indigenous leaders say are critical in engaging and creating hope and confidence for the future.

Each age category is interdependent on each other in improving life expectancy. The implication here for health economists might be that there is an inverse, counterintuitive relationship between wellbeing of older Indigenous people and the health of younger people. This has efficiency and effectiveness implications that may not be acknowledged by traditional western evidence and technical health frameworks. Spending disproportionately on the health and wellbeing of middle and older age Indigenous people may lead to more efficient outcomes in improving the progressive health of Indigenous people at all ages.

Successful examples of recognising the importance of elders exists in the domain of community development. These are especially prevalent in the way, for example: new information is introduced to a community; students are encouraged to pursue education by engaging elders, and; economic development is enabled by involving leaders and linking to community aspirations.

Figure 1. Age distribution of the Indigenous and non-Indigenous population (a) - June 2006



(a) Preliminary estimate based on the 2006 Census of Population and Housing.

(b) Includes all ages 75 years and over and is not directly comparable to other age groups.

Source: Australian Demographic Statistics (3101.0).

e. More than numbers – value, meaning and wellbeing

Longevity alone does not lead to a satisfying and rewarding life. We all want to feel loved, wanted and useful, according to research undertaken by wellbeing expert, Deepak Chopra. Those people that believe they have achieved an extended state of wellbeing generally state that this occurred in the post-adolescent years and through their 20s.

Some psychologists believe that wellbeing is simply a state of mind. Others believe it is more tangible, observable and even measurable. Various attempts have been made to measure quality of life, including: happiness and satisfaction indices; utility scales of freedom and human rights; human development indices and scorecards, and; wellbeing reports. All of these methods are relevant in understanding how to 'value-weight' our lives beyond how long we expect to live.

The concept of 'Gross National Happiness' was initially developed in 1972, then revised in 2006, as an alternative way to assess social progress other than through economic metrics such as production or consumption. Gross National Happiness is founded on four pillars held to drive personal and community happiness – (i) sustainable development, (ii) preserving and promoting cultural values, (iii) conserving the natural environment, and (iv) good governance. Gross National Happiness is an index function of the following average per capita measures:

1. **Economic** Wellness: Indicated via direct survey and statistical measurement of economic metrics such as consumer debt, average income to consumer price index ratio and income distribution
2. **Environmental** Wellness: Indicated via direct survey and statistical measurement of environmental metrics such as pollution, noise and traffic

3. **Physical** Wellness: Indicated via statistical measurement of physical health metrics such as severe illnesses
4. **Mental** Wellness: Indicated via direct survey and statistical measurement of mental health metrics such as usage of antidepressants and rise or decline of psychotherapy patients
5. **Workplace** Wellness: Indicated via direct survey and statistical measurement of labor metrics such as jobless claims, job change, workplace complaints and lawsuits
6. **Social** Wellness: Indicated via direct survey and statistical measurement of social metrics such as discrimination, safety, divorce rates, complaints of domestic conflicts and family lawsuits, public lawsuits, crime rates
7. **Political** Wellness: Indicated via direct survey and statistical measurement of political metrics such as the quality of local democracy, individual freedom, and foreign conflicts.

Whilst never fully applied, the World Health Organisation and other researchers of psychological health believe that this is a good representation of commonly agreed measures of wellbeing. As with all measures of wellbeing, critics refer to the subjective way in which measures are chosen, applied and weighted.

In Australia, the Australian Institute of Health and Welfare published a report in January 2009 on 'Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples'. It provides evidence of the correlation between Indigenous health and the following social determinants of wellbeing: psychological distress; impact of psychological distress; positive wellbeing; anger; life stressors; discrimination; cultural identification, and; removal from natural family. As with other reports on Indigenous health, it provides perspective on the gaps between Indigenous and other Australians and the statistical relationship between determinants and health, but does not enable performance or trend data.

As suggested earlier (section 2c), community aspirations and the degree to which they are conceived, articulated and realised, is fundamental to wellbeing. No two communities (or individual) should be prejudged to have the same aspirations or capabilities. In 2001, First Nations people worked with the Canadian Government to establish and apply a Community Wellbeing Index (CWI) to 541 communities. Each community, after understanding the framework and agreeing to participate, was given a score in the range of 0 to 1 after being assessed against four primary indicators (education, labour force activity, income, and housing conditions). Tailored programs, resources and other policies have subsequently been applied to communities where the CWI weighting identified a specific need. This example of local wellbeing measurement, followed by targeted action, has contributed directly to Canada's relative success in closing the gap in life expectancy.

f. Social determinants of health

'Social determinants of health' is a term that has been commonly accepted to describe the non-medical influences on health. An early example of social factors directly impacting health is the way tuberculosis spread rapidly in European urban centres due to overcrowded housing during the industrial revolution (Baum, Bentley, Anderson, 2007). Overcrowded housing remains a direct determinant today on Aboriginal health within Australia, but in predominantly non-urban settings.

The World Health Organisation (WHO) states that the social determinants of health are mostly responsible for the health inequities that exist in the world today. Since 2005, the WHO has devoted considerable resources to establish a Commission on the Social Determinants of Health to provide advice and how to reduce these inequities. The WHO and other health experts now openly acknowledge the positive relationship between health and the 'conditions in which people are born, grow, live, work and age, including the health system'. In turn these circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices (WHO website, 2009).

Amongst Aboriginal and Torres Strait Islander people, this holistic concept of health has been held for centuries. Aboriginal people have consistently stated that health is an integral and indistinguishable part of life and being (Baum, Bentley and Anderson, 2004). From a European viewpoint, economist Adam Smith proposed in *The Wealth of Nations* in 1776 that humankind was separate from, and in control of, nature, rather than part of it. It seems that the evolution medical science has extended this divisibility of humankind and health from other social and environmental contexts. The single connected concept of land, spirit, family, belonging and identity (known as life) is indivisible for Aboriginal and many other people. To illustrate this, a recent study has found that Aboriginal people involved in 'caring for country' land management programs have significantly better health outcomes than other people (Burgess, 2009). It therefore seems that the social determinants of health framework would be highly relevant when considering Aboriginal health.

There are varying applications of the social determinants of health framework around common themes. Some advocate the avoidance of certain situations and factors. Others focus on creating the positive conditions that drive optimal health, and are more likely to engage key stakeholders. The Council of Australian Governments (COAG) has developed seven 'building blocks' for meeting the closing in the gap targets representing social determinants of health and include economic participation, healthy homes, health, early childhood, safe communities, schooling and governance and leadership.

The following framework is offered for consideration, and has been drawn from the principles outlined by the WHO, the Cooperative Research Centre for Aboriginal Health and other studies.

Determinant	Drivers
Economic inclusion	Assets, education, job, housing
Positive stressors	Self-esteem, security, control
Childhood development	Nutrition, physical development, intellectual stimulation
Social inclusion	Accepted, valued, included
Employment security	Confidence, good communication, stability, economic conditions, education
Primary health	Access to nutritious food, transport, housing, avoidance of harmful substances

This framework has been chosen as it is simple, accessible and actionable to the layperson and importantly includes 'positive stressors', not explicitly included in the COAG building blocks, but recognised as a fundamental part of mental health and wellbeing.

Simultaneously optimising the drivers of each of the six determinants above across all demographics, will lead to progress in closing the gap in life expectancy. In Australia, every single person or group of people can undertake actions on these drivers, within their daily sphere of influence and competence that are mutually beneficial to both Aboriginal and other people. The table below illustrates this with selected examples from Reconciliation Australia's RAP program. These 14 actions have been chosen from over 6,000 RAP actions being implemented or in development.

Action	Determinant/ Driver ⁽¹⁾	Mutual benefits	
		Individual	Organisation
NAB • Offer microfinance loans and financial literacy training	Economic inclusion Employment security/ Income, assets, job, confidence, education	New skills, access to capital, self-belief, stability, employment	New customer relationship, informed confident customer, loan quality
Essendon Football Club • Off-field personal development offered to Indigenous players	Employment security, Positive stressors/ Confidence, control	Diversified development, improved on-field performance	On field performance, increased member base and revenue
Wanniassa School • Include Indigenous perspectives in a range of curriculum areas	Childhood development/ Education	Included, valued, engaged, income, knowledge, esteem	Improved learning outcomes through higher attendance
Qantas • Conduct workshops promoting cultural awareness	Employment security Social inclusion/ Good communication	Supportive work place environment, customer needs met	Satisfied staff, improved customer knowledge and internal processes
ANZ • Improve relationships to offer more home loans and full service banking to Indigenous customers	Social inclusion Economic inclusion Primary health/ Housing, food, security	Own home, increased local action and investment	Increased customers, efficient transactions, land values increased
Warringah Council • Protocols including Welcome to Country and flying Aboriginal flag	Positive stressors Social inclusion/ Self-esteem, accepted,	Local community better connected, confidence lifted,	Inclusive community, understanding,

	valued	respect	relationships
Centrelink • Provide feedback to client agencies on identified service gaps	Social inclusion, Primary health/ Valued, security	Needs met, responsive service	Client satisfaction, efficiency, effectiveness
BHP Billiton • Identify, engage and support Indigenous businesses with at least 10 contracts valued at \$50m	Economic inclusion/ Assets, job, housing, education	Participate in resource wealth, livelihoods, housing, resilience	Improved relationships with local community, efficiency
Foxtel • Develop an industry network group	Social inclusion Positive stressors/ Accepted, valued, control, security	New relevant media content, variety, needs met	(New) customer needs met, partnerships, advertising
Oxfam • Focus on Indigenous rights across a number of Oxfam programs	Primary health Positive stressors/ Included, valued, access to food, transport, land	Culture respected, dignity, control, voice, freedom	Sustainable, long term, development best practice, funding for rights
Transfield Services Limited • Engage with Indigenous businesses	Economic inclusion/ Job, assets, housing	Wealth/asset building, resilience	Local knowledge, supplier diversity
Department of Prime Minister and Cabinet • Ensure that Cabinet consider the differential impact policies will have on Indigenous people.	Social inclusion Economic inclusion/ Included, accepted, valued, education	Participation in democracy, rights utilised, better services	Informed, effective sustainable policy and government service delivery
Rottneest Island Authority • Encourage and promote the development of Aboriginal tourism businesses and partnerships	Economic inclusion Social inclusion/ Job, assets, valued, accepted	Share local knowledge, respect, employment	Tourism increased, authentic knowledgeable tour guides
Australian National University • Implement strategies to attract Indigenous researchers	Employment security Positive stressors/ Confidence, control	Access to informed research resources, peer access	Discipline leadership, student enrolment increase

Note 1 – Primary determinant listed first

Some observers of this framework state that causal and consequential relationships between and amongst the drivers and determinants are unable to be distinguished. This is true in several cases. For example, feeling hope and being accepted and valued may lead a person to seek education, obtain employment, gain income, feel included, build assets and improve resilience and coping mechanisms. This sequence of events may also occur in any other combination and order. Strong positive correlations exist individually between each social determinant category and improved health and therefore, life expectancy (Marmot and Friel, 2008).

g. Data challenges

Measuring progress in closing the gap implies the existence of at least two discrete data points that need to converge over time. This requires data on which to: (i) assess the **perspective** (size) of the gap, and; (ii) assess **performance** (like with like comparison) in closing the gap over time. These two data characteristics are co-dependent and must be available.

Recording progress toward a vital social aim over a long timeframe is challenging. For people to remain engaged, regular feedback needs to be provided on progress to share learnings and improve processes. New information sources and methodologies have and will continue to supersede existing approaches over time. Indeed this has been problematic in measuring Indigenous life expectancy in Australia and elsewhere. Over the last 30 years four separate methodologies have been applied in Australia to estimate Indigenous life expectancy. Each have attempted to better align deaths data - consistently underreported due to inadequate data capture - with Census population data.

Applying each new methodology has established a new baseline and removed past trend data. According to Australian Bureau of Statistics reports over the past five years, the gap between Indigenous and other Australian life expectancy has been 20, 17 and now 11 years. To informed data users such variability has removed the possibility of obtaining reliable 'like with like' trend data to help people know what is working and where to allocate resources. Amongst less informed data users, such variability may reasonably lead to questions including:

- Is there really a gap?
- If it's gone from 20 to 11 years, aren't we are making great progress?
- If we can't measure it reliably, is this really important?
- Are things getting better or worse?
- Should we be focusing on something else?

Key principles recommended for data selection and application in analysing progress in closing the gap include:

- **Accessibility** - Data must be understood by and accessible to the local community and primary stakeholders, and core local data must be available for further analysis;
- **Comparability** - The application of new methodologies must be accompanied by restatement (or best guess re-estimation) of prior period data;
- **Action-based learning** – improved methodologies and measures are introduced progressively but accompanied by restated prior period data, and;
- **Rigorous and consistent data collection** – apply consistent data collection processes fully before considering new methodologies.

Another data challenge relates to attribution of actions to outcomes, especially with life expectancy. The World Health Organisation has examined the statistical linkages between actions, social determinants and health outcomes (Marmot and Friel, 2008). Being able to explicitly state, for example, that employment has a 0.7 correlation coefficient with optimal life expectancy, with an 'R squared', confidence factor of 0.6 is not possible. This is because life expectancy and individual social determinants of health have non-linear relationships. Life expectancy is driven by the relative combination of all social determinants of health and other factors.

Key points:

- Setting numeric goals enables accountability, focuses action, promotes learning and engages people
- Recent trends in mortality and Indigenous demographics indicate that gap can be closed
- Actors should choose sustainable actions which benefit both themselves and Indigenous people, within their competence and sphere of influence (not philanthropic, exploitative or irresponsible)
- People outside the health sector can play a vital role by focusing on social determinants of health
- Measure what people say is important, using a combination of numbers, stories, attitudes and feelings
- Participation and control by Indigenous people is essential.

Questions for discussion

- Are there other examples of numeric measures being applied with success to social programs? How did they work?
- Should a national conceptual framework for measuring progress in closing the gap be established?
- Is there any approach to measuring the degree to which community stakeholders have been consulted and articulated shared aspirations, other than a survey?
- Should Australia implement and develop a Happiness/Wellbeing Index with data at the local level to assist with the allocation of resources? If so, how?
- Is the social determinants of health framework accessible and comprehensible to the wider community and layperson? How might these concepts be simplified but not lose their meaning?

4. Recommended approach

a. Measurement philosophy

Success will only occur when people know that the gap is closed and, more importantly, are involved and satisfied with the process in achieving this aim. As with the relationship between Aboriginal and other Australians over the last two centuries, mistakes and misunderstandings will continue to occur in between other advances.

The apology made by the Prime Minister to the Stolen Generations and other Indigenous people in February 2008 opened a new chapter in our relationship. The way this apology was positively received by large numbers of Indigenous and other Australians has laid the foundation for improved trust, respect and honesty. Therefore, any attempt to measure progress in closing the gap must be driven by these elements and based on:

- Transparency, accountability, objectivity and honesty;
- Having confidence to show vulnerability and sharing learnings together openly;
- People and organisations setting mutually beneficial 'stretch targets' within their sphere of influence and competence;
- Macro and micro-level measurement ranging from national to community to individual level, and;
- Mix of data, case studies and analysis, both qualitative and quantitative to obtain various perspectives.

Reconciliation Australia aims to measure the effectiveness of the RAP program with particular reference to:

- Progress in closing the gap, by reference to the social determinants of health;
- Most significant changes, whether intended or not;
- Attitudes towards reconciliation, and, most importantly;
- Satisfaction and participation of Indigenous and other stakeholders.

b. Measurement technique

Progress in closing the gap

The large majority of the organisations and stakeholders we work with are not health professionals. Therefore, we choose to measure improvements in life expectancy through a social determinants of health framework, as outlined in section 3f above.

It is proposed that progress be monitored against the aim of closing the gap in life expectancy within a generation, or 21 years as defined by the Federal Government. Thus, in 2029, life expectancy at birth of Indigenous and other Australians will converge, estimated to be 88 years. At this convergence point, key social determinants of health will also be aligned. It is therefore possible to develop key indicators for each social determinant of health category to help assess progress.

To illustrate this concept of indicators, consider the RAP program. As at October 2009, there are 160 organisations with a RAP, each with 18 specific actions, on average, being implemented. This equates to 2,880 specifically measurable actions, which have been aligned to a primary social determinant of health category. The impact of each action will be a product of the combination of quality, scale and significance factors.

For consideration:			
	Quality		Scale
RAP Indicator	= of actions (achieved) factor	X	of actions (achieved) factor
		X	Significance (Life expectancy correlation) factor

The ideal scenario would be for each action to contribute positively to RAP Indicators aligned to social determinants of health. This might be assessed for each of the three factors, as below.

Quality

- Was the intended action undertaken within the timeframe?
- How do targeted stakeholders assess the quality of the action?

Scale

- What quantity of the specific action was achieved?
- What scale capacity did the organisation have within their sphere of influence, relative to potential organisational benefits?

Significance – note: this is assumed to equal 1 for all actions (refer below)

- How significant is the selected action in improving life expectancy?
- Which social determinant of health does the action primarily relate to?

Those organisations currently implementing RAPs are already reporting on the quality and scale factors above. Adding the significance factor to this to obtain perspective and understand impact has been the most commonly requested improvement to the existing RAP reporting framework. However, the interdependent nature of social determinants of health does not allow for unique numeric significance factors to be assigned to each social determinant of health.

Illustration

In its first RAP, ABC organisation set a target of recruiting 50 Indigenous employees within one year, amongst other actions. At the fourth RAP working group meeting to review progress against the RAP actions, one year on, the Head of Human Resources reported the following outcomes to be included in the RAP Report for ABC:

- 47 employees were recruited and five had left the organisation in the first year
- Of those that left, three had found better positions elsewhere and two had resigned without other employment or education opportunities

- A survey of Indigenous employees across the organisation found an 80% satisfaction level with their recruitment, work environment, cultural safety, relationship with manager and colleagues, training and development and opportunities and other factors – the survey questions and process was approved by ABC's Indigenous Advisory Group which meets twice a year.
- Indigenous employees represent 2% of ABC's workforce, with 0.2% in management positions
- Indigenous customers are estimated to represent 2.2% of ABC's customer base.

Quality factor = 0.80

- Was the intended action undertaken within the timeframe? **Partly**
- How do targeted stakeholders assess the quality of the action? **80% or 0.8.**

Scale factor = 0.81

- What quantity of the specific action was achieved? 45 of 50 = **90% or 0.9**
- What scale capacity did the organisation have within their sphere of influence, relative to potential organisational benefits? 2.0/2.2 = **90% or 0.9.**

Significance factor = 1.00

RAP Indicator for action: (Quality) 0.80 x (Scale) 0.81 x (Significance) 1.00 = 0.65

Whilst the absolute RAP indicator of 0.65 will give perspective to the ABC RAP Working Group, the numeric nature of the indicator can assist with targeting future activities. This application of a 'RAP Indicator' can be applied to every action under 'relationships, respect and opportunities' categories in the same way. The overall aim is to provide some perspective on the quality and scale being achieved by actions and correctly value appropriate Indigenous participation and assessment in the process.

Aggregate impact

This framework is recommended to assess the impact of the actions undertaken as part of the RAP program. However, this approach to impact assessment and evaluation may have applications elsewhere. Based on discussions with Indigenous people and others involved in monitoring and evaluation, the key elements of **quality, scale and significance**, upon a foundation of **Indigenous participation and consultation** are regarded as essential criteria.

Directly attributing the impact of actions to social outcomes is never straightforward. A range of factors, including policies, programs and actions by government, community, health workers and many other actors may all contribute positively to closing the gap by improving the social determinants of health. As is evidenced above, closing the gap requires multi-facted (and mutually beneficial) actions undertaken across all sectors within organisational and individual spheres of influence over a sustained period. The table below suggests varying levels of engagement in workplace actions across sectors.

It is recommended that the activities of individual organisations with these sectors be assessed using the RAP Indicator framework above and aggregated at the sectoral and national level. Therefore, each organisation and sector will be encouraged to direct their efforts to tend to a RAP Indicator (for all six determinants) of 1 by 2031. That is, if every organisation in Australia plays its part, the gap may be closed by 2031.

	RAP community			Australian population			Leverage factor		
	Organisations	Staff	Clients	Organisations	Staff	Clients	Potential	Current	Priority
	('000)	(million)		('000)	(Million)				
Corporate	44	516	21	1,200	3,667	21	Very high	Low	3
Peak body	9	1	21	150	6	21	Moderate	Low	4
Not for profit	40	25	21	480	64	21	High	Moderate	4
Higher education	17	33	21	109	197	21	Moderate	Moderate	4
Schools	47	2	21	9,581	488	21	Very high	Low	4
Federal government	68	266	21	258	434	21	High	Moderate	4
State government	98	411	21	2,030	957	21	Moderate	Moderate	4
Local government	8	4	21	569	160	21	High	Very low	2
Indigenous	3	-	21	8,000	3	21	Very high	Moderate	4
Small business	-	-	21	1,666,000	4,489	21	Very high	Very low	1
Total	334	1,257	21	1,688,377	10,465	21			

A potential sectoral analysis based on the RAP Indicator concept above would indicate:

- Urgent engagement of the small business sector is an immediate priority
- Local government needs to play an active role
- Encouraging signs from the corporate sector, but more could play a role
- Schools are getting more involved in understanding their role in closing the gap but need some tools and perspective on what they should do
- Peak bodies and other actors starting to play a key role as 'agents' to support their members play a role.

Community level – 'Place-based' action plans

Reconciliation Australia has been invited to communities to consider supporting 'placed-based' community action plans or RAPs. The role of Reconciliation Australia may be as a participant with tools and capabilities to stimulate discussions but importantly provide an accountable and measureable framework. Many local people state that more should be done in their community to promote reconciliation and to close the gap but often comment that they don't know where to start.

This might involve whole of community plans being developed involving local actors that play key roles within their sphere of influence in 'whole of life' support and action. This would start with discussions to articulate community aspirations and what is needed to achieve those aspirations, both social and economic. From there, an engagement model would be developed to bring in key actors. For example, life stages from pre-natal care, through infant nutrition, physical development, early childhood development, school, leaving school, employment, sporting and recreation, other services (banking, retail, human services, etc.), all the way through to bereavement services, are supported by relevant influential organisations with a pre-

existing or new RAP to collaborate on a whole-of-community RAP. RAPs already exist in most of these sectors and those organisations are very interested in participating in a place-based RAP.

This intensive, whole of community plan of action might yield results and learnings that can be shared or applied in other settings. The impact of actions upon the social determinants of health, and life expectancy itself, could also be measured and compared with other 'control' communities with less coordinated or intensive actions.

Individual level

Taking part in workplace activities to close the gap, for example through a RAP, has encouraged and given confidence to individuals to take personal action within their sphere of influence beyond the workplace. For many people, workplace programs on Indigenous employment, cultural awareness, events, etc. have helped people start their reconciliation journeys. Whilst challenging to measure, this is a significant impact to be considered. This may be best captured through national attitudinal and behavioural surveys, such as the Australian Reconciliation Barometer.

Most significant changes

In addition to the quantitative measures recommended above, it is important to reflect on what else has occurred in addition to what was intended through planned actions. Every organisation has reported in their annual RAP Report that additional significant changes have occurred beyond what was originally expected. It is important to develop processes to formally record the impact of these changes. This may be done through case studies or other qualitative analysis.

To this end, community development practitioners have designed a concept called the 'Most Significant Change' (MCS) technique to capture all outcomes of programs, whether intended or not. Oxfam Australia was a substantial contributor to the development of this technique and it is becoming more widely applied throughout the world.

This technique is highly relevant to guiding activities to close the gap. For example, RAP organisations have reported that some Indigenous employees have wanted to 'self-identify' as Aboriginal as a result of feeling valued, accepted and respected, following the implementation of a RAP, or other actions. Whilst not a stated RAP action, this is a highly significant outcome. Some of these employees have since volunteered to become cultural coaches and mentors for non-Indigenous colleagues. This is certainly closing the gap in workplace relationships, understanding and trust.

These significant changes are formally captured in case studies, after conscious consideration, throughout implementation as well as at monitoring and evaluation phases. In the case of the RAP program, each organisation's RAP Working Group is encouraged to have this item on the agenda for discussion at each meeting. The impacts are recorded and then shared through the annual RAP Report and other stakeholder reporting and communications.

Attitudes towards reconciliation

Relationships are an essential focus of Reconciliation Australia and many other organisations involved in reconciliation and closing the gap. Formally measuring progress against this key indicator is underway and will continue.

The Australian Reconciliation Barometer was designed to provide a snapshot of Australian attitudes which affect progress towards reconciliation, as a benchmark for measuring how these attitudes change in the future. The Barometer was developed through a nation-wide series of discussion groups held in late 2007 involving urban and regional Indigenous and non-Indigenous people representing a broad spectrum of different age groups and attitudes towards reconciliation.

The staff and Board of Reconciliation Australia (RA) guided the project and a large number of key people involved in reconciliation were consulted during the Barometer's development. The current Barometer, which is based on quantitative studies conducted in May and June-July 2008, provides the first reference point of attitudes towards reconciliation among the Australian general public and among Indigenous Australians. Consequently, any measurement of progress will depend on the findings of subsequent Barometer surveys. The quantitative survey took place about five months after the Prime Minister apologised to the Stolen Generations.

Structure of the Barometer

The structure of the Barometer recognises that attitudes and behaviour towards reconciliation will require changes to take place in four core areas:

- a) **Awareness:** What do people know about the facts of Aboriginal and Torres Strait Islander life and history?
- b) **Attitudes:** What are the opinions and beliefs that Indigenous and non-Indigenous people hold about each other and our relationship?
- c) **Perceptions:** What are the cultural stereotypes and pre-conceptions the general public holds in relation to Indigenous people and vice versa?
- d) **Action:** What are people prepared to do to bring about an improvement in the relationship between Indigenous and non-Indigenous Australians?

For more information go to <http://www.reconciliation.org.au/home/reconciliation-resources/australian-reconciliation-barometer>

Satisfaction of Indigenous and other stakeholders

Engaging and retaining the interest and participation of key actors in closing the gap is a critical success factor on its own. Several measures are proposed, including:

Indigenous people;

- Survey of Indigenous members of RAP working groups, including satisfaction with governance, voice and prioritisation processes
- Annual roundtable meeting of Indigenous business and community leaders to reflect on and improve the end to end process of RAP program – includes members from the National Indigenous Representative Body when formed and other groups

- Indigenous employees of RAP organisations – targeted deep specific feedback to identify what works well in creating a supportive environment for sustainable and valuable Indigenous employment
- Indigenous stakeholder workshops in each State to identify improvements, awareness, impact and relevance of program activities.

Other stakeholders;

- Organisations with RAPs
 - Annual RAP community satisfaction survey to improve processes and meet expectations
 - Schedule of workshops to share RA experience and learn, for example, in the areas of: Indigenous employment, cultural awareness, communicating impact, respect protocols; Indigenous business development, etc..
- Indigenous Governance Awards finalists.

c. Reports and key findings

The measurement techniques suggested above will each have their own reporting processes. Reconciliation Australia will, in November of each year, prepare a consolidated report entitled 'From good intentions to action that works – Measuring progress in closing the gap'. It will draw from each of the following areas of measurement:

- Progress in closing the gap;
- Most significant changes, whether intended or not;
- Attitudes towards reconciliation, and, most importantly;
- Satisfaction and participation of Indigenous and other stakeholders.

Relevant reports will be produced to enable stakeholders to assess progress at the collective (national) level, as well as specifically tailored reports for each organisation with a RAP, which confidentially provided to that organisation to use for its own stakeholder reporting and communications.

d. Collective impact reporting

A summary report to measure progress in closing the gap will be produced annually in November each year, containing information illustrated below. This will focus on progress on promoting the social determinants of health.

Primary health	Impact measurement - November 2009
Employment security	Impact measurement - November 2009
Social inclusion	Impact measurement - November 2009
Childhood development	Impact measurement - November 2009
Positive stressors	Impact measurement - November 2009
Economic inclusion	Impact measurement - November 2009
Overall	Impact measurement - November 2009

In 2009, substantial progress has been made towards closing the gap in life expectancy. According to estimates provided by the Australian Institute of Health and Welfare, the gap in life expectancy between Indigenous and other Australians reduced from 11.1 years to 10.9 years. This was driven by reduction in mortality across all age/gender categories, but especially in 0 - 15 years. Social conditions contributed positively to increased wellbeing.

Economic inclusion - RAP indicator lifted from 0.62 to 0.64 primarily due to higher Indigenous workforce participation and strengthened conditions for Indigenous business development

Positive stressors - RAP indicator lifted from 0.43 to 0.45 following the improved sense of control, ownership and trust from a variety of activities

Childhood development - RAP indicator lifted from 0.57 to 0.59 due to investments in nutrition and physical development leading to higher attendances in early learning centres

Social inclusion - RAP Indicator up from 0.33 to 0.36, the largest movement of any indicator driven by high participation rates of non-Indigenous people in cultural programs and other factors

Employment security - RAP Indicator up from 0.71 to 0.73 with 35% of large businesses and 10% of small businesses implementing Indigenous jobs programs

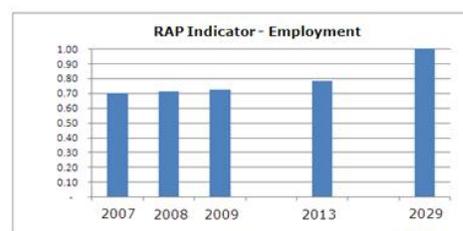
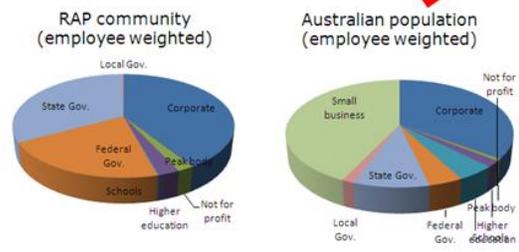
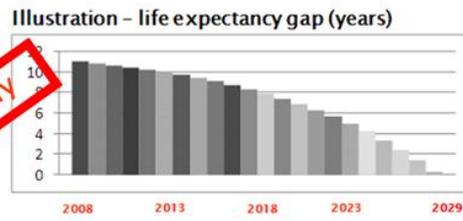
Primary health - RAP indicator up, driven by improved access to food, housing...

Attitudes - over half of all Australians now regard the relationship between Indigenous and other Australians as 'good' and 'improving'.

Key indicators	Actual			Forecast	2029	
	2007	2008	2009	2013	Forecast	Target
Life expectancy (at birth)						
Indigenous	70.7	71.0	71.3	75.5	88.0	88.0
Australia	81.7	82.0	82.3	83.7	88.0	88.0
RAP indicator (0 to 1)						
Economic inclusion	0.60	0.62	0.64	0.71	1.00	1.00
Positive stressors	0.40	0.43	0.45	0.56	1.00	1.00
Childhood development	0.55	0.57	0.59	0.67	1.00	1.00
Social inclusion	0.30	0.33	0.36	0.49	1.00	1.00
Employment security	0.70	0.71	0.73	0.78	1.00	1.00
Primary health	0.60	0.62	0.64	0.71	1.00	1.00
Attitude - relationship is "good" (%)						
Indigenous	47	49	51	61	100	100
Other	52	54	56	65	100	100
Labour force participation rate (%)	60	60	61	64	78	78
Year 12 attainment rate (%)	43	43	44	49	67	67
Proportion of workforce with RAP (%)	3	8	18	70	80	80
RAP Indigenous satisfaction rate (%)	50	55	67	82	100	100

- Most significant changes - 2009**
- Establishment of national Indigenous representative body
 - Signing the UN Declaration on Rights of Indigenous people
 - Reinstatement of Racial Discrimination Act in the NT
 - 13% of the workforce work for an organisation with a RAP
 - First Reconciliation Barometer capturing attitudes to reconciliation

Sample only



Reconciliation Australia – improve system to capture and report aggregate information and produce specific reporting, consistent with the principles outlined by the RAP Impact Evaluation Committee.

Organisations with expertise in these areas and wishing to play a role in impact measurement are encouraged to contact Reconciliation Australia.

g. Governance and independent review and advice

Measuring the impact of activities on closing the gap requires specialist expertise from several disciplines. Independence, objectivity and demonstrated competence in expert areas is required.

Reconciliation Australia wishes to convene a 'RAP Impact Evaluation Committee' to meet twice a year in March and October, with the following terms of reference:

- Provide advice on social impact monitoring and evaluation;
- Establish principles for measuring the impact of specific actions on life expectancy and social determinants of health;
- Provide advice on communicating the collective impact of actions to a wide variety of stakeholders, and;
- Review impact measurement reports and processes to identify areas for improvement and opportunities to increase effectiveness.

Reconciliation Australia will undertake the secretariat function within this committee. Expressions of interest are sought from relevant parties with expertise in the following areas:

- Public policy
- Indigenous economic development
- Indigenous community development
- Psychological wellbeing
- Social determinants of health
- Social impact measurement
- Ethics and corporate responsibility
- Economics
- Monitoring and evaluation, especially focusing on information management
- Health and Indigenous health
- Media and communications.

h. Action-based learning

Reconciliation Australia is committed to learning progressively and seeking open, candid feedback on the effectiveness of our work. We know we do and will continue to make mistakes and continually seek ways in which we could do things better.

We commit to be transparent and open and to govern our programs effectively to meet the needs of our stakeholders.

Key points:

- Quality, scale and significance of actions can be measured and is important
- Focus on a range of measures at national, community and individual level, including life expectancy, attitudes, significant changes and stakeholder satisfaction
- Making progress will result from action-based learning where all stakeholders show vulnerability and learn through the journey
- Reporting design needs to be tailored to meet stakeholder needs
- Measurement process needs to be governed by respected, independent and objective experts from a wide range of disciplines.

Questions for discussion

- Is it helpful or possible to have a projected set of milestones and key indicators, calibrated to a future convergence date of 2029, to illustrate how the gap might be closed?
- What benefits would RAP organisations hope to gain from specifically tailored reports?
- What role should Indigenous members of RAP working groups play in assessing the effectiveness of overall actions? Would a separate Indigenous Advisory Group be more independent and better able to assess impact?
- How should the National Indigenous Representative Body and other group be involved in measuring progress on closing the gap?

5. Consultation

a. Process so far

Over the past two years Reconciliation Australia has convened workshops to seek feedback on how to make our work more effective and valuable to stakeholders. Indigenous people have been consulted especially in relation to the RAP program as well as the Indigenous Governance Awards and other programs. Various workshops have been held involving RAP organisations, employment specialists, Indigenous businesses, cultural awareness providers and others to reflect and improve processes.

The RAP toolkit for example, which concisely advises organisations on the end to end RAP process, was the result of a workshop with RAP 'trailblazers'. During this workshop and several others, stakeholders nominated impact measurement as highly desired and suggested ways to consider this.

In addition, a RAP Indigenous stakeholder roundtable was held in August 2008. The following key messages and necessary improvements were identified during this meeting, with progress being made on all actions:

Key messages and recommendations from Indigenous Stakeholder Roundtable on RAP program – August 2008

Key messages	Recommendations
1. RAPs provide both non-Indigenous and Indigenous people with opportunities to do something constructive and positive.	<ul style="list-style-type: none"> Continue to grow program Further develop stakeholder engagement and communication strategies Seek funding to expand Share stories of success but acknowledge openly areas for improvement
2. Need to address more than employment opportunities – need to develop and promote people and focus on serving customers effectively	<ul style="list-style-type: none"> RAP organisations consider potential business benefits before choosing actions – don't start with employment solution Build compelling case for relationships and respect as the foundation for reconciliation
3. Indigenous organisations need to be involved in the development and implementation of RAPs from the beginning.	<ul style="list-style-type: none"> Develop a RAP information kit for Indigenous organisations that provides them with information on the RAP program and the RAP journey Make available to Indigenous organisations only, a list of RAPs in development Develop database of Indigenous organisations for making introductions to RAP organisations Commit to annual formal Indigenous stakeholder engagement process and informal engagement progressively
4. It shouldn't be Indigenous people that are driving the process internally.	<ul style="list-style-type: none"> Focus on business benefits will ensure business people with accountability and authority will drive RAP outcomes in close consultation with Indigenous stakeholders CEO and senior executive buy in and ownership is essential – don't develop RAP without it
5. If we want to close the life expectancy gap between Indigenous and non-Indigenous people there needs to be a strong focus on our young people.	<ul style="list-style-type: none"> Target actions and organisations that are more likely to positively impact on young people Expand school RAPs, and work with organisations in childhood development and youth
6. It needs to be a two way process that benefits both the Indigenous and mainstream organisations	<ul style="list-style-type: none"> Encourage RAP organisation to explicitly state business benefits Encourage candid conversations between Indigenous organisations and RAP organisations about mutual benefits – as a base for trust, integrity and managing expectations
7. There is a need to assess whether it contributes to closing the gap and look at the community benefits.	<ul style="list-style-type: none"> Accelerate impact assessment framework

b. Consultation schedule – Impact measurement

Impact measurement timeline

Discussion paper released	December 2009
RAP Impact Evaluation Committee established	February 2010
Consultation period ends	26 February 2010
Publish final report and consultation findings	June 2010
First report – Closing the Gap and RAPs	November 2010
RAP stakeholder reports available	November 2010
Review impact measurement framework	December 2010
Improve processes	January 2011
Second reports – collective and stakeholder reports	November 2011

Consultation workshops will be held during January and February 2010.

Written feedback to these issues raised in this discussion paper is also very welcome and can be forwarded to the email or postal addresses below before **26 February 2010**.

A **final report** outlining findings from the consultation will be available in **June 2010**.

c. Key contacts

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6. Appendices

6.1 References

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Zhao and Dempsey, 2006, Causes of inequality in life expectancy between Indigenous and non-Indigenous people in the Northern Territory, 1981–2000: a decomposition analysis, *Medical Journal of Australia*, MJA 2006; 184 (10): 490-494

6.2 RAP community – October 2009

1. ACT Council of Social Services
2. ACT Department of Disability, Housing and Community Services (DHCS)
3. ACT Department of Education and Training (DET)
4. ANZ Banking Group
5. Aboriginal Hostels Limited
6. Adelaide City Council
7. Administrative Appeals Tribunal (AAT)
8. Ainslie Primary School
9. Allens Arthur Robinson
10. Ambulance Victoria
11. Amnesty International Australia
12. Arawang Primary School
13. Arnold Bloch Leibler
14. Ashcroft High School
15. Attorney-General's Department (AGD)
16. Attorney-General's Department – WA
17. AusAID
18. Austrac
19. Australia Post
20. Australian Broadcasting Corporation – ABC Pty Ltd
21. Australian Bureau of Statistics (ABS)
22. Australian Catholic University – Canberra
23. Australian Centre for International Agricultural Research (ACIAR)
24. Australian Council of Social Services (ACOSS)
25. Australian Council of Trade Unions
26. Australian Crime Commission (ACC)
27. Australian Customs Service
28. Australian Electoral Commission (AEC)
29. Australian Federal Police (AFP)
30. Australian Film, Television and Radio School (AFTRS)
31. Australian Financial Counselling and Credit Reform Association Incorporated (AFCRA)
32. Australian Football League (AFL)
33. Australian Government Solicitor (AGS)
34. Australian Hearing (AH)
35. Australian Human Rights and Equal Opportunity Commission (HREOC)
36. Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
37. Australian Institute of Criminology (AIC)
38. Australian Institute of Health and Welfare (AIHW)
39. Australian Law Reform Commission (ALRC)
40. Australian National Audit Office (ANAO)
41. Australian National University (ANU)
42. Australian Nuclear Science and Technology Organisation (ANSTO)
43. Australian Nursing Federation (ANF)
44. Australian Public Service Commission (APSC)
45. Australian Research Council (ARC)
46. Australian Taxation Office (ATO)
47. BHP Billiton
48. Barrenjoey High School
49. Batemans Bay High School
50. Bega High School
51. Bellbird Public School
52. Bermagui Public School
53. Beyondblue National Depression Initiative
54. Big Sky
55. Botanic Gardens and Parks Authority (WA)
56. Brisbane Grammar
57. Brisbane Youth Service Inc.
58. Brotherhood of St Laurence (BSL)
59. Business Council of Australia (BCA)
60. CANFaCS
61. CSIRO Science Planning
62. Canberra Institute of Technology (CIT)
63. Canberra Investment Corporation (CIC)
64. Carbal Aboriginal & Torres Strait Islander Health Services
65. Carina Youth Agency
66. Caritas
67. Carole Park State School
68. Carroll College
69. Catholic Diocesan of Toowoomba
70. Centrelink
71. Chapman Primary School
72. Child and Adolescent Health Service (WA)
73. Christ Church Grammar School
74. Christies Beach High School
75. City of Albany
76. City of Bayswater
77. City of Swan
78. City of Melbourne
79. Clayton Utz
80. Comcare
81. Commissioner for Children and Young People (WA)
82. Committee for Perth
83. Commonwealth Bank of Australia
84. Commonwealth Director of Public Prosecutions (CDPP)

85. Commonwealth Ombudsman
86. Commonwealth Rehabilitation Service (CRS Australia)
87. Communities@Work
88. Compass Group (Australia) Pty Ltd
89. Coominya State School
90. Corporate Express Australia Limited
91. Credit Union Australia Limited
92. Credit Union Foundation Australia (CUFA)
93. CrimTrac Agency
94. Currumbin Primary School
95. Curtin University of Technology
96. Defence Housing Australia (DHA)
97. Department for Communities WA
98. Department of Agriculture and Food WA
99. Department of Agriculture, Fisheries and Forestry (DAFF)
100. Department of Broadband, Communications and the Digital Economy (DBCDE)
101. Department of Commerce (WA)
102. Department of Defence
103. Department of Education and Training (WA)
104. Department of Education, Employment and Workplace Relations (DEEWR)
105. Department of Environment and Conservation WA
106. Department of Environment, Water, Heritage and the Arts (DEWHA)
107. Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
108. Department of Finance and Deregulation
109. Department of Fire and Emergency Services Authority (WA)
110. Department of Foreign Affairs and Trade (DFAT)
111. Department of Health WA
112. Department of Health and Ageing (DHA)
113. Department of Human Services (DHS)
114. Department of Human Services (VIC)
115. Department of Immigration and Citizenship (DIAC)
116. Department of Infrastructure, Transport, Regional Development and Local Government (DITRDG)
117. Department of Innovation, Industry, Science and Research (DIISR)
118. Department of Paediatric Critical Care CYWHS SA
119. Department of Planning and Community Development
120. Department of Prime Minister and Cabinet (DPMC)
121. Department of Resources, Energy and Tourism (RET)
122. Department of Sport and Recreation WA
123. Department of Treasury and Finance WA
124. Diocesan Catholic Education Office (DCEO) – Rockhampton
125. Disability Service Commission (WA)
126. Drug and Alcohol Office WA
127. Early Childhood Australia
128. East Perth Redevelopment Authority (EPRA)
129. Economic Regulation Authority (WA)
130. Eden Marine High School
131. Employment Services Holdings Pty Ltd (ESH)
132. Engineers Without Borders (EWB)
133. Equal Opportunity Commission WA
134. Essendon Football Club
135. Export Finance and Insurance Corporation (EFIC)
136. FNO Volunteers Inc.
137. Fadden Primary School
138. Fair Work Ombudsman
139. Family Relationship Services Australia
140. FenderKatsalidis
141. Florey Primary School
142. Food Standards Australia New Zealand
143. Forest Products Commission (WA)
144. Foxtel
145. Fred Hollows Foundation (National)
146. Gilbert and Tobin
147. Giralang Primary School
148. Glenreagh Public School
149. Golden Grove High School
150. Greater Geelong City Council
151. Griffith University
152. Hawthorndene Primary School
153. Health Services Australia Ltd (HSA)
154. Horizon Power (WA)
155. Hoxton Park Public School
156. Ian Potter Foundation
157. Indigenous Business Australia (IBA)
158. Indigenous Community Volunteers
159. Insolvency and Trustee Service Australia
160. Insurance Commission of WA
161. Intellectual Property Australia (IP Australia)
162. Interactive Community Planning P/L (ICP)
163. International Women's Development Agency (IWDA)
164. Ipswich City Council
165. KPMG
166. Karralika (ADFACT)
167. Landgate (WA)
168. Legal Aid Queensland
169. Legal Aid WA
170. Lend Lease Corporation Limited
171. Life Without Barriers (head office) (LWB)
172. Local Government Association of NSW and Shires Association of NSW (LGSA)
173. Lord Somers Camp and Powerhouse

174. LotteryWest (WA)
175. Lourdes Hill College
176. Lumen Christi Catholic College
177. MEGT
178. Main Roads (WA)
179. Majura Primary School
180. Mallesons Stephen Jaques
181. Margaret River Primary School
182. Meadowbank Primary School
183. Mecu
184. Medicare Australia
185. Melbourne Girls Grammar School
186. Merici College
187. Metro Screen
188. Midland Redevelopment Commission (WA)
189. Mission Australia
190. Moruya High School
191. Mount Barker Primary School
192. Museums Australia
193. NSW Department of Aboriginal Affairs
194. NSW Fire Brigades
195. Nagle Catholic College
196. Narooma High School
197. National Archives of Australia (NAA)
198. National Australia Bank (NAB)
199. National Australia Day Council (NADC)
200. National Capital Authority (NCA)
201. National Gallery of Australia (NGA)
202. National Museum of Australia (NMA)
203. National Native Title Tribunal
204. National Rugby League (NRL)
205. Northern Territory Government
206. Nulsen Haven WA
207. Office of Energy (WA)
208. Office of National Assessments (ONA)
209. Office of Parliamentary Counsel
210. Office of Privacy Commissioner
211. Office of the Registrar of Indigenous Corporations (ORIC)
212. Office of the Australian Building and Construction Commissioner (ABCC)
213. Office of the Director of Public Prosecutions – WA
214. Office of the Inspector of Custodial Service (WA)
215. Office of the Public Advocate (WA)
216. Otway Health
217. Oxfam Australia
218. Parsons Brinckerhoff
219. Peninsula Support Services (PSS)
220. Perth Zoo
221. Philanthropy Australia
222. Planning Institute of Australia
223. Premier and Cabinet WA
224. PriceWaterhouseCoopers
225. Principals Australia
226. Public Transport Authority of Western Australia
227. QLD Department of Main Roads
228. Qantas
229. Queensland Government (QLD)
230. Queensland Parliamentary Service
231. Queensland Public Sector Union (QPSU)
232. Queensland University of Technology (QUT)
233. Questacon
234. Racing and Wagering WA
235. Randwick City Council
236. Reconciliation Australia (RA)
237. Registrar of Western Australian Industrial Relations Commission WA
238. Richardson Primary School
239. Rio Tinto
240. Rostrevor College
241. Rotary Club of Perth – District 9450
242. Rottneest Island Authority (WA)
243. Royal Australasian College of Physicians (RACP)
244. Ruah Community Services
245. SA Department for Families and Communities
246. SA Department for Transport, Energy and Infrastructure
247. SA Department of Education and Children's Services
248. SA Department of Environment and Heritage (DEH)
249. SA Department of Further Education, Employment, Science and Technology
250. SA Department of Health (DOH)
251. SA Department of Primary Industries and Resources (PIRSA)
252. SA Department of Trade and Economic Development (DTED)
253. SA Department of Treasury and Finance
254. SA Department of Water, Land and Biodiversity Conservation
255. SA Department of the Premier and Cabinet (DPC)
256. SBS Corporation
257. Sapphire Coast Anglican College
258. Save the Children
259. Sinclair Knight Merz Holdings Pty Limited (SKM Consulting)
260. Small Business Development Corporation (WA)
261. South Australia Police
262. South Metropolitan Public Health Unit (SMPHU) WA

263. St Clares College
264. St Gerard Majella School
265. St Ignatius School
266. St Joseph's College Hunters Hill
267. St Monica's Primary School
268. St Peters Anglican College
269. St Vincents Health Australia Ltd
270. Staines Memorial College
271. State Library of Western Australia
272. Stockland Pty Ltd
273. Strategic Enterprise Development Consulting (SED Consulting)
274. Stromlo High School
275. Sydney Harbour Federation Trust
276. TAFE NSW North Coast Institute
277. TEAR Australia
278. Ted Noffs Foundation
279. Telethon Institute for Child Health Research
280. Telstra
281. The Allen Consulting Group Pty Ltd
282. The Canberra Rape Crisis Centre (CRCC)
283. The Shell Company of Australia Limited
284. The Smith Family
285. The Torch Project
286. The Treasury
287. Tourism Australia
288. Tourism Western Australia
289. Town of Vincent
290. Town of Narrogin
291. Transfield Services
292. Turner School
293. Unicef Australia
294. Unisys Australia
295. Uniting Care Qld
296. University of Newcastle
297. University of Ballarat
298. University of Canberra
299. University of Melbourne
300. University of New South Wales Faculty of Law
301. University of Notre Dame Australia – Broome Campus
302. University of Queensland – School of Psychology
303. University of Western Sydney
304. University of the Sunshine Coast (USC)
305. VIC Metropolitan Fire and Emergency Services Board (MFB)
306. Victoria Police
307. Victorian Council of Social Service (VCOSS)
308. WA Department of Local Government and Regional Development
309. WA Department for Child Protection
310. WA Department for Indigenous Affairs (DIA)
311. WA Department for Planning and Infrastructure
312. WA Department of Racing, Gaming and Liquor
313. WA Gold Corporation (Perth Mint)
314. WA LandCorp
315. Walgett Community College
316. Wanniasa School
317. Warringah Council
318. Water Corporation (WA)
319. Waverley Council
320. Wesfarmers Limited
321. Western Australian Electoral Commission (WA)
322. Western Australian Treasury Corporation
323. Western Cape College – Weipa Campus
324. Woden Community Services Inc.
325. Woodside Energy Ltd
326. Woolworths Limited
327. Workcover WA Authority
328. World Vision Australia
329. YWCA Australia
330. YWCA New South Wales (NSW)
331. YWCA Perth (WA)
332. YWCA of Adelaide
333. YWCA of Canberra
334. Yarnteen