Barhava Report

INDI KINDI IMPACT REPORT

AUGUST 2020

MORIARTY Foundation

Indikindi

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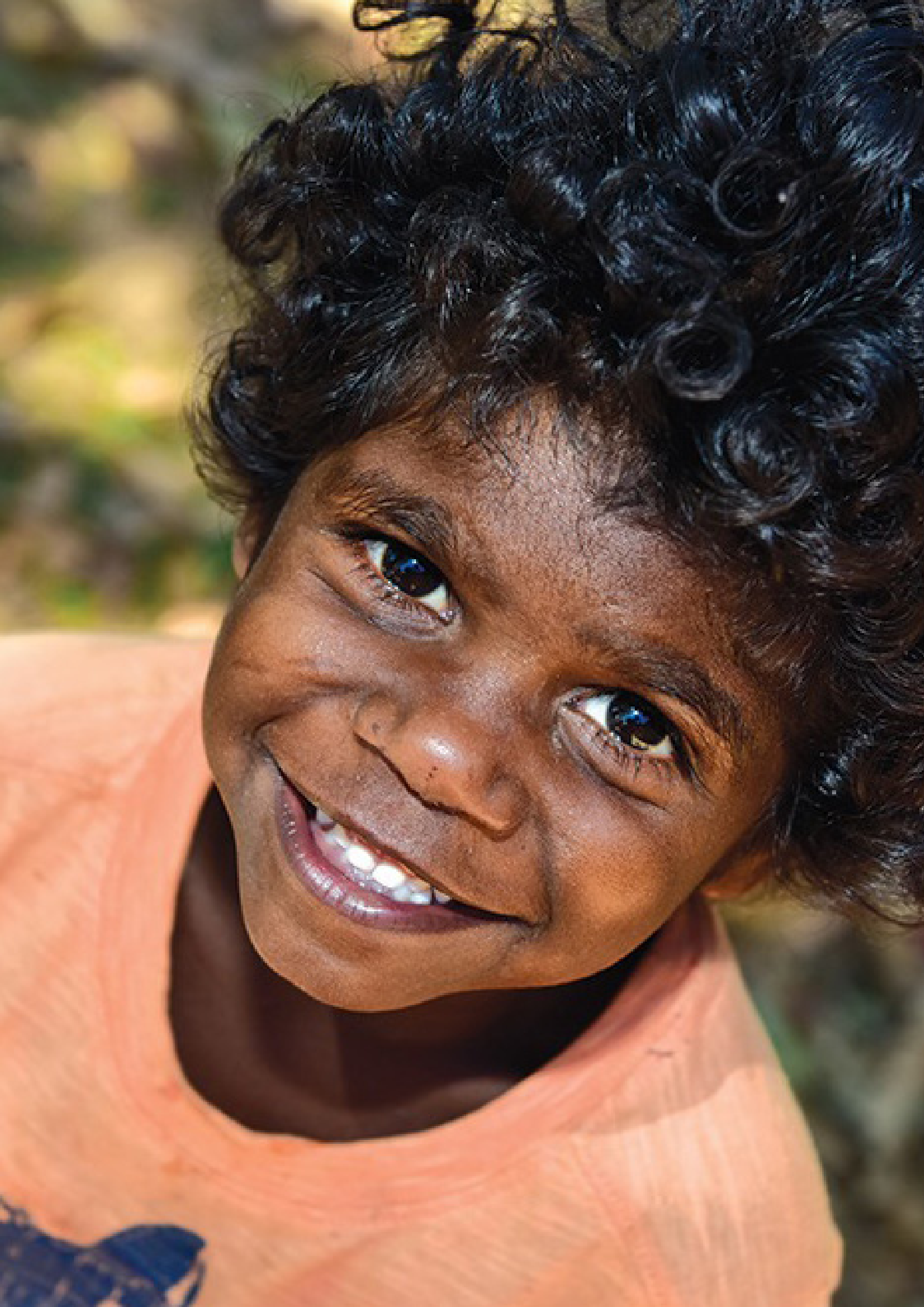
Aboriginal people are respectfully advised this report contains the photograph of a deceased person who was a founding member of the Borroloola Moriarty Foundation Local Advisory Group.



A community-led approach closing the gap in early childhood

This report demonstrates how Indigenous programs that are strengths-based, designed with and led by the community, and – most importantly – put Indigenous peoples at the centre, are more likely to close the gap and deliver tangible and transformative impact on communities as a whole.

Following our review of existing reports and studies, alongside many discussions with community members, parents, community groups, Indi Kindi staff members, and expert health and early childhood professionals, it is apparent that Indi Kindi delivers many benefits.

Indi Kindi has had, and will continue to deliver, considerable health, education, and community impacts. Its holistic approach, delivered in a culturally relevant framework with the aid of local knowledge and local languages, is helping to tackle entrenched inequalities in school readiness and health outcomes for Indigenous children.

There are many barriers to providing effective service delivery in remote and disadvantaged communities like Borroloola and Robinson River. Indi Kindi has worked hard within the community to overcome obstacles, such as socio-economic, cultural, and historical challenges, as well as intergenerational trauma and the disruptions caused by crises.

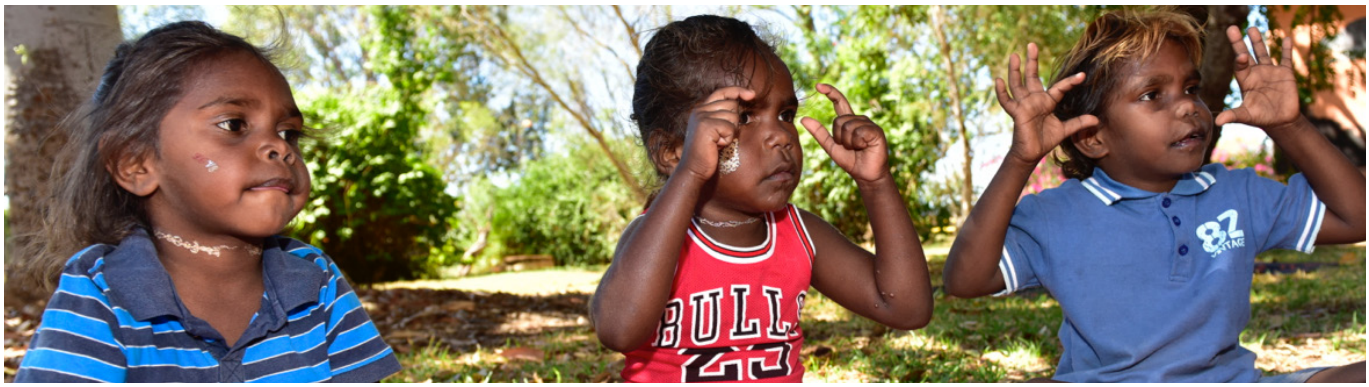
The report clearly shows that, if given the opportunity and resources to work closely with other Indigenous communities to scale and expand its operations, the benefits delivered by Indi Kindi could be exponential.

Programs like Indi Kindi that address Indigenous needs by taking a holistic perspective, deeply engaging with the community, and taking a unique Aboriginal worldview are helping to inform the sector of improved ways of closing the gap.

I'd like to take the opportunity to thank the many people involved in contributing to this report for their time, candor, expertise, and input.

Dr. Galia Barhava-Monteith

1. Executive summary



Australia's Indigenous people deserve to live their lives to their full potential regardless of pre-existing health and education circumstances or the remoteness of their community.

This report will assess the impact that Indi Kindi, an innovative and locally led early childhood education program, has demonstrated in Borroloola and Robinson River, two particularly remote Indigenous communities in the Northern Territory with their own complex needs and disadvantages.

The Prime Minister announced at his 2020 Closing the Gap Address that we are positioned at the start of a new era that will be strength based, community led, and put Indigenous peoples at the centre. Operating for 8 years so far, with short term funding, Indi Kindi has successfully developed a model which has been driven by, and adapted to, the needs of the community. This model draws on local Indigenous leaders, employs local Indigenous women, fosters local Indigenous languages and culture, and operates outdoors on Country through a uniquely interactive 'walking learning' approach.

A key target in the Government's Closing the Gap Report is for 95% of Indigenous children to receive early childhood education services by 2025. The Northern Territory was assessed as not on track to meet this target in the latest Closing the Gap report[1] (2020), with only 76.4% of Indigenous children enrolled across the Territory in 2018. Indi Kindi reaches approximately 80% of 0-4 year olds in the communities in which it operates, as well as their parents and families, and has had a significant impact on the lives of its staff.

Benefits of Indi Kindi for the local community include:

- Improved educational outcomes for the children attending the service, including demonstrated improvements in listening, school readiness, classroom engagement and motor skills
- Professional development opportunities for local staff who are working towards their Certificate III in Early Childhood Education
- Increased access to healthcare, including both regular screenings and faster treatment for ear, eye, skin, and oral health conditions
- Further education for both parents and children about healthcare, including the establishment of positive relationships between local families and health care providers in order to encourage families to seek medical treatment when they need it
- Cultural and community rewards such as the promotion of local languages while spending time on Country and learning from local women and Elders

Factors which have been important in driving the success of the model include creating meaningful local employment, the longevity and consistency of the program, being adaptive to the needs of the local community, and creating partnerships with other community organisations.

Without further and more stable funding, Indi Kindi faces an unsustainable future and is at the risk of forfeiting the above benefits, which have been invaluable in addressing the unique challenges experienced in Borroloola and Robinson River.

> *Indi Kindi is "very good for the kids and there is nothing I would change about it, it's deadly"*
>
> ***– Leonie Norman from community***

[1] *Closing The Gap 2020 report accessed at https://ctgreport.niaa.gov.au/*

2. The Indi Kindi program

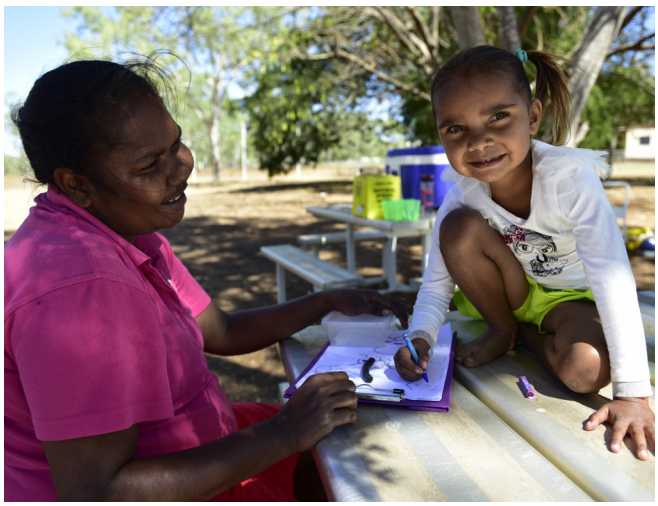
Established in 2012, Moriarty Foundation's[2] Indi Kindi program is a successful Indigenous locally-led early education and health program taking a whole family approach to early childhood education, in the remote Indigenous communities of Borroloola and Robinson River in the Northern Territory. The community of Borroloola was chosen as the ideal place to pilot Indi Kindi and its sister program, John Moriarty Football (JMF), owing to the immediate and present need within that community and the expressed willingness of the community to support and participate in this program. Accordingly, community participation and involvement are vital to ensure the success and sustainability of Indi Kindi.

Indi Kindi integrates early childhood education and improved access to healthcare. Indi Kindi is designed to give children the best possible start to life and improve the school readiness of Indigenous children through a whole family approach.

2.1 Indi Kindi key facts

- Co-Founder John Moriarty was born in Borroloola and is a full member of its Yanyuwa people
- The service is overseen by a Community Advisory Group comprised of local Traditional Owners, Elders, families, and key community stakeholders who provide support and guidance
- An embedded mentor has guided the program while living in the community since 2015
- Indi Kindi operates in the community of Borroloola 4-5 days a week, primarily through an early childhood education program for children from 6 weeks to 5 years of age, as well as 1 day a week via an outreach service to Robinson River (2.5 hours' drive away from Borroloola)
- Indi Kindi reaches approximately 100 children between 6 weeks and 5 years of age each year. 117 children were enrolled in 2019, constituting 80% of Indigenous children in the area.
- Indi Kindi employs, trains, and builds the capacity of local Indigenous women to run its programs. Currently Indi Kindi employs 5 local women, of which 3 have been employed continuously for 4+ years, and has employed 30 local Indigenous women in total since 2012
- The program is training and supporting its staff to achieve Certificate III Early Childhood Education and Care in collaboration with the Batchelor Institute. This involves both study days in Borroloola and intensive study weeks at the Batchelor Institute, 950km away
- Indi Kindi is looking to expand into two other communities who have requested this: Tennant Creek (NT) and Kuranda (QLD), to test and prove the scalability of the model

[2]Moriarty Foundation is an Australian Public Benevolent Institution (PBI) with DGR status. Year on year audits have been 100% unqualified and funding acquittals have been continuously compliant



2.2 What makes Indi Kindi unique?

Indi Kindi runs a model adapted to and co-created by the local Indigenous community in which it operates. As a result, Indi Kindi remains responsive to the evolving needs of its community. The Indi Kindi model involves working together with partner organisations to maximise delivery and impact, focused on promoting children's health and wellbeing in order to break the cycle of intergenerational disadvantage. The program aims to impact the entire community, and not just its under 5's attendees. Significantly, Indi Kindi builds the personal and professional capacities of local staff in order to establish the sustainability of the program over time while creating role models within the community.

2.3 Voices of the community

Six interviews were undertaken with local women in the community to understand their perspectives of Indi Kindi, and summaries of each interview are presented here. It should be noted that for many of these interviewees, English is their fourth or fifth language – therefore, their comments are presented here as a single statement for reader ease, but only the sections shown in quotation marks are verbatim.

Shirley Simon, whose grandchildren attend Indi Kindi
[Indi Kindi is] "deadly" – it's good for the children, and for the parents to send their children to Indi Kindi as they learn new things. It is good for the children to go to Indi Kindi to get them out of the house and not have them sitting around at home doing nothing. The best thing about the program is that "it helped the little ones, the kids loved going, they go to the river, they go to the library they do good things".

Jemima Miller Wuwarlu, part of the Community Advisory Group from the community
[Indi Kindi is] "good, doing good things for the children, they learn something for and are better prepared for big school". It is important because it provides jobs for the Aboriginal women otherwise they would not be doing anything. It helps the kids to learn and it was good for everyone in the community especially the little ones and the families.

Thelma Dickson from the community
[Indi Kindi is]... good for the little ones – Indi Kindi encouraged mothers to take their children there and to get involved. I like the fact that Indi Kindi moves the children around and gets them outdoors, they go to the bush, the riverbank and the kids love this. It would be hard for the mothers and kids if Indi Kindi stopped because this program helps the mothers and kids get out and learn something. Indi Kindi is the best – the kids sing in language and this is beautiful.

Emily Evans, whose children attend Indi Kindi
[Indi Kindi is] ...the one thing my kids loved going to. I love everything about it and it's like sending my kids to someone in the family. The kids are not shy to go, it's like a home environment so they are not scared and feel confident. My children are 1 and 4 years – the program is also very helpful for new mothers, it gives the mums a break too. The other programs in the community cost a lot and depends on age groups.

Rachel McDinny, whose grandchildren have attended Indi Kindi
I love [Indi Kindi] because the kids are provided transport and pick up and drop offs – the kids get a good full meal, they learn Aboriginal culture like cooking damper and the kangaroo tail. I like that Indi Kindi is a mobile children's program that goes around the community and is extended to the mothers.

Leonie Norman, whose children attended Indi Kindi when they were younger
Indi Kindi is "very good for the kids and there is nothing I would change about it, it's deadly". I have two boys that went to Indi Kindi, they are now in big school but they loved it – they learned many things.

The cooked meal the kids got was very good and they get to go out to many places. The kids learn more, they have more skills before going to big school.

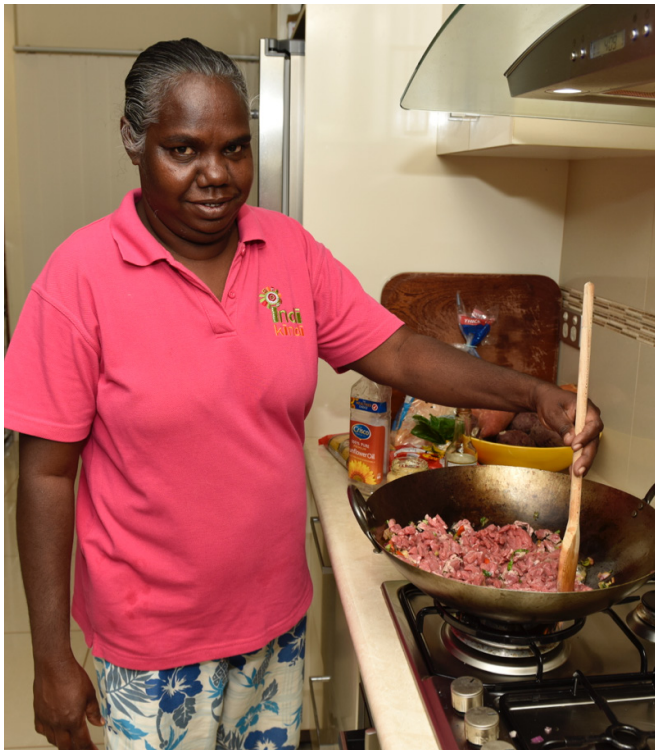
3. Borroloola and surrounds

The community of Borroloola where Indi Kindi operates is one of the most remote Indigenous communities in the Northern Territory. It has a population of around 870 people (2016 Census), of which approximately 75% or around 670 are Indigenous. Borroloola is located 670km from the nearest town, Katherine, and 850km south east of Darwin. With very limited public transport connections, Borroloola is the second most remote community in Australia. Robinson River, where Indi Kindi operates one day a week, is 2.5 hours further from Katherine by car from Borroloola via unsealed roads where access is periodically cut off during the wet season.

Borroloola and its surrounding communities face complex multi-generational issues of deprivation and trauma, including issues both typical of remote Indigenous communities and particular to the communities in question within their own unique contexts. Andrea Vargas, Indi Kindi's embedded program mentor notes: "You can't ignore the very bad conditions of life in the camps [in Borroloola], the struggle with poverty, poor housing, overcrowded houses with so many families and kids, a lack of hygiene, alcohol, gambling. You can feel that when you are in the camps working next to the houses."

"The most effective community programs are those that are built and delivered with the community. This is because each community has unique needs and operates in a unique way. For a program to be successful it is essential to spend time in the community, build relationships, listen, engage local people to be champions of the program now and into the future and have a long term plan of support for the program. When I visited Borroloola, I saw evidence that these ways of working are present in Indi Kindi's work."

- Alice Hall, Early Childhood Development specialist from UNICEF Australia



Local challenges include severe disadvantage and lifelong poverty which stem from extremely low standards of education, health and employment. Residents in the four town camps – Marra, Yanyuwa, Garawa 1, and Garawa 2 – face overcrowding, insecure tenancy, water contamination, and failing health hardware. The recently released Town Camps Review classifies 25% of Borroloola housing to be in 'poor' 34% in 'very poor' condition. In 2018, Indigenous affairs special envoy Tony Abbott is reported to have said that housing in Borroloola was, "[T]he worst I've seen anywhere in remote Australia."

[3]*https://blogs.crikey.com.au/northern/2018/11/09/states-of-deferral-securing-housing-in-borroloola-nt/*

3.1 Economic & social disadvantage

Borroloola is considered disadvantaged by a number of measures and metrics. For example, the Gulf area around Borroloola is ranked in the top 1 percent most disadvantaged communities in Australia (ABS Index of Relative Socio-Economic Disadvantage, 2016) and top 10 percent most disadvantaged communities within the Northern Territory; Borroloola itself ranks 86 on the Index of Indigenous Relative Socioeconomic Outcomes (where 100 is the most deprived; Centre for Aboriginal Economic Policy Research 2016)

As in many other remote communities, unemployment and underemployment rates in Borroloola are high. It is estimated that approximately 50% of families with children under 15 in Borroloola are jobless[4].

The majority (64.4%) of Indigenous people in Borroloola live in crowded housing, and 27% are in severely crowded housing[4]. For instance, some 2-room dwellings are used to house 20 people. The poor condition and quality of houses in Borroloola carry multiple repercussions involving health, social and emotional consequences as noted in the 2016 Town Camps Review[5].

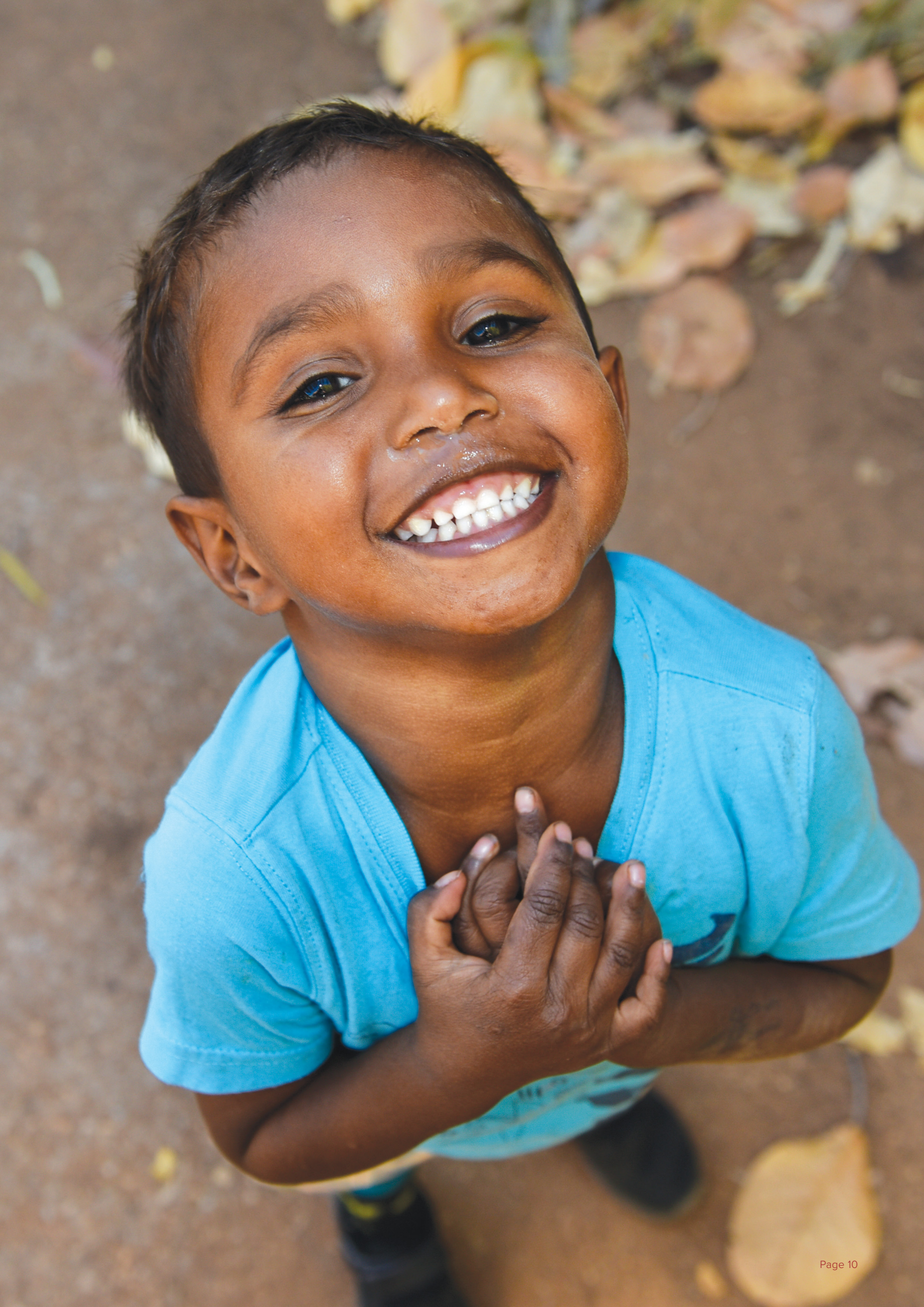
3.2 Health and education outcomes

Currently, health and education outcomes in Borroloola are behind those of many other communities in Australia.

The Australian Early Development Census (AEDC)[6] results are not publicly available for Borroloola alone due to small sample sizes. However, in the Gulf area where Borroloola is situated, two thirds (66%) of children are classed as vulnerable in 2 or more domains, compared to 11% nationally and 23% in the Northern Territory. This significant discrepancy indicates that children in the Gulf area face substantial disadvantages before they even enter the classroom, making it harder for them to learn and to succeed. This systemic disadvantage follows children throughout their school careers, contributing to the fact that high school attendance in Borroloola by age 16 stands currently around 50%, whilst only 11% of Indigenous adults in the community have completed Year 12.

Borroloola also presents poor health outcomes, including a significantly lower than average life expectancy and a higher burden of chronic and preventable diseases, as is common amongst other remote Indigenous communities. There were nearly 1300 hospital admissions from Indigenous residents of Borroloola over the 2014-17 period (excluding renal dialysis), amounting to nearly 2 admissions per person over that period. The most common reason for admission, in 222 cases, was accidents, injury and other external causes; followed by circulatory and respiratory diseases. The median age of death in Borroloola over the 2013-2017 period was 52.5 years, which is a low even when compared to the already significantly lower life expectancy of Indigenous people across Australia. Over the same period, there were 627 potential years of life lost in Borroloola.

[4]PHIDU, 2016
[5]https://dlghcd.nt.gov.au/town-camps/town-camps-review
[6]https://www.aedc.gov.au/



4. Overcoming challenges to program delivery

There are a number of barriers to providing effective service delivery in very remote and deprived communities like Borroloola and Robinson River. Indi Kindi's model has worked hard to overcome obstacles such as socio-economic, cultural and historical challenges, as well as the disruptions caused by crises. The ways that Indi Kindi achieves this will be described in this section.

4.1 Socio-economic challenges

Access and transport for staff and families: Like many other Indigenous communities, Borroloola and Robinson River are in very remote and difficult to access locations. Roads in the area are mostly unsealed, private vehicles are rare (and often prohibitively expensive to service), and there is little or no public transport available. Indi Kindi helps by providing safe and reliable transport for:

- Educators, to commute to work, as well as to access the most remote families (including driving 2.5 hours each way on an unsealed road to deliver services in Robinson River 1 day per week)
- Local families, to attend sessions around town, including at the health clinic and on Country
- Staff travelling to receive their training, in collaboration with the Batchelor Institute for intensive study weeks (950km away from Borroloola)

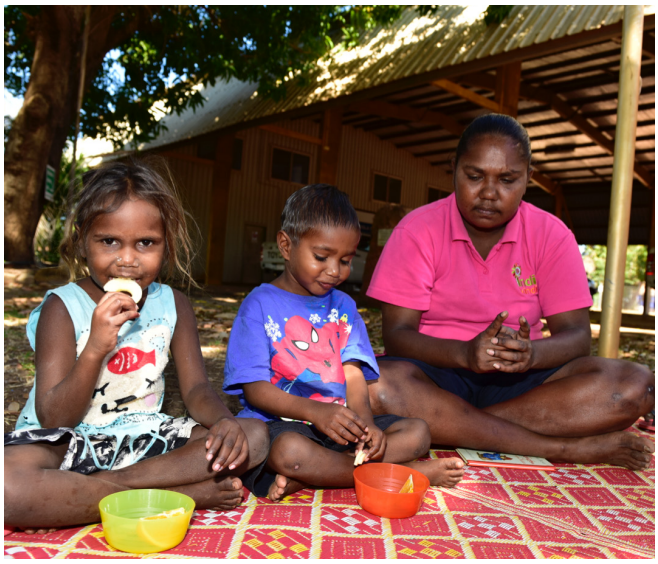
Nutrition: Many children and adults in communities like Borroloola do not have access to high quality, nutritious food, or appropriate cooking and storage facilities and equipment, and are not able to eat adequate amounts of vegetables and fruit. The cost of food in remote Northern Territory stores is on average 60% higher than in Darwin supermarkets. These nutritional disadvantages impact the children's physical development as well as their ability to focus and learn.

Indi Kindi designed a menu with the expertise of a dietician to meet the nutritional needs of the children. In addition, Indi Kindi staff undertook nutrition and safe food handling training. The team now independently purchases ingredients and prepares approximately 3000 healthy hot meals for children, families and staff members each year. This ensures that the individuals who run and attend Indi Kindi sessions receive high quality, nutritious meals and are taught how to shop for, prepare and cook it.

Lack of access to internet connections and devices: Most communities lack a stable internet connection or mobile devices. The cost of internet data is prohibitive, making the remote facilitation of programs challenging. Indi Kindi has supported remote delivery by equipping each Indi Kindi team member with a tablet device and paying for data usage, which allowed adapted delivery during COVID-19 for Indi Kindi and other partners, and has also allowed the staff to continue receiving training during the crisis.

Limited availability of educational resources: Access to books, stationery and other educational resources is limited. Indi Kindi overcomes this by using resources in the local environment, so families can easily replicate educational activities at home. Additionally they have:

- Provided donated books to families through the 'library without walls' initiative
- Provided other educational materials to families, for instance, a writing toolkit of a reversible whiteboard/chalkboard with a set of markers and chalks (donated via a corporate fundraiser) and mathematics games (donated by SCEGGS Darlinghurst, a school in Sydney)



4.2 Cultural and historical barriers

Cultural barriers: Indi Kindi builds on the rich cultural heritage of Indigenous Australians, incorporating a holistic Aboriginal+Mind+Spirit+Country worldview. Local cultural practices, Indigenous identity, connection to Country and traditional knowledge is embedded in the program, something that has been recognised as a strength. According to Alice Hall from UNICEF Australia, "Connection to the community, to culture and Country is of utmost importance to Indigenous families and to children as they build their identity in the early years. One of the strengths of Indi Kindi is that it allows culturally authentic learning experiences and environment. A major benefit of employing local women is that they can build culturally relevant practices and learning into their activities and the ways they interact with children. There's a lot of potential for the Indi Kindi team to continue to build on that in an age appropriate way."

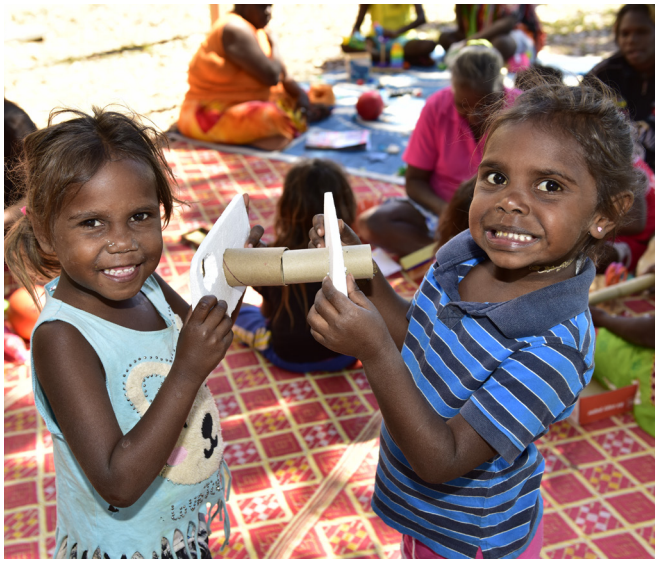
Language barriers and protocol: Language barriers to operating in remote communities may arise as many Indigenous Australians have English as a second, third or fourth language. Additionally, organisations and educators need to be sensitive to communication protocols and to the use of nonverbal communication cues, which are an intrinsic aspect of Indigenous communication patterns. The strength of Indi Kindi is that its model inherently addresses this, in being co-founded by a member of the local community as well as staffed by local women. The program is routinely delivered in English and in local languages. Indi Kindi also promotes local language at events such as the annual Malandarri Festival, where there is Indigenous language story time.

Intergenerational trauma: The cumulative effect of historical and intergenerational trauma on Indigenous communities severely reduces the capacity of Indigenous peoples to fully and positively participate in their lives and communities. This state of affairs as a result creates reluctance to participate in community programs. Trauma can manifest in children as disorganised or agitated behaviour, making program delivery challenging regarding both children and parents. Indi Kindi addresses the challenge directly, by building the capacity of the educators to support individuals who are undergoing struggles with mental health. Indi Kindi also provides an indirect solution by providing the opportunity for local women to become role models in their own community.

Narrative Therapist and Mental Health Clinician Sudha Coutinho comments, "Indi Kindi staff are in an important position, because they are likely to be the first person who might realise someone is not travelling well, understand why that might be, and know who might be best to approach them for a conversation [about mental health and well-being]. The mental health first aid training supported Indi Kindi women to confidently support the families and their wider community by helping them to approach those conversations as well as support their capacity to walk alongside someone struggling with their mental health."

Intergenerational education: Adults may have never attended early childhood education services themselves and may have low levels of literacy themselves. Certain parents feel shame about not being able to read and write, which prevents them from taking part in the conventional educational programs aimed at their children.

By continuously incorporating Indigenous ways of knowing, Indi Kindi attributes value to the knowledge that already exists in community, which is likely to enhance the confidence of parents to participate in the program. Coutinho remarks, "Sometimes what can happen in parenting programs that I see is people come in with an 'expert model' from elsewhere and say "you should be doing this, in this way". They don't necessarily start from a stance that parents and families are already teaching their children many skills and sharing much knowledge to grow up strong kids. This blended way acknowledges that there is a history of teaching and learning within families that aligns to their family values, hopes and dreams."



4.3 Managing in periods of crisis

Natural disasters: Many Indigenous communities are located in wet areas and environments prone to harsh weather events. Borroloola in particular has been impacted by cyclones, resulting in major damage to infrastructure. In 2019, all Borroloola residents were evacuated at the end of Term 1 in March following a state of emergency declaration and a cyclone warning. Despite these challenges, Indi Kindi quickly resumed its full service delivery in Term 2.

Community violence and crime: Violence in Indigenous communities is all too common. Fights are common and frequent, and understandably disrupt local program delivery. In 2019, the Tactical Response Unit was flown in from Darwin to deal with widespread indiscriminate attacks, as Indi Kindi's local office alongside those of other organisations including the Borroloola School were burgled and vandalised. Despite these turbulent events, Indi Kindi delivered food parcels and books to families. A crisis meeting was also held with the local Community Advisory Group to seek guidance. Traditional Owners, Elders and other community stakeholders agreed that it was important for Indi Kindi to continue to deliver during this challenging time to provide some stability for young families.

COVID-19: During COVID 19, according to Alice Hall, UNICEF Australia's Early Childhood Development specialist, programs everywhere are adapting the way they work to safeguard the communities they work with while continuing to deliver learning opportunities. "Indi Kindi rapidly adapted its mode of delivery to ensure that children's learning can continue. With many families going bush to protect their health, the Indi Kindi team have been able to go to these families and engage with more family members than ever before. Engaging fathers, grandparents and siblings in ways they haven't done before."

Throughout the COVID-19 crisis, Menzies' HealthLAB has been working with Indi Kindi and John Moriarty Football to deliver health promotion packages to staff in the community. Staff are also being trained over video conference on how to deliver the packages while adhering to physical distancing restrictions. According to Associate Professor Heidi Smith-Vaughan, Menzies HealthLAB Director, "Through the packages, conversational avatars and AI technology, communities can continue to learn how to make lifestyle changes to prevent chronic diseases like diabetes and heart disease that are affecting more and more of us and earlier in our lives."

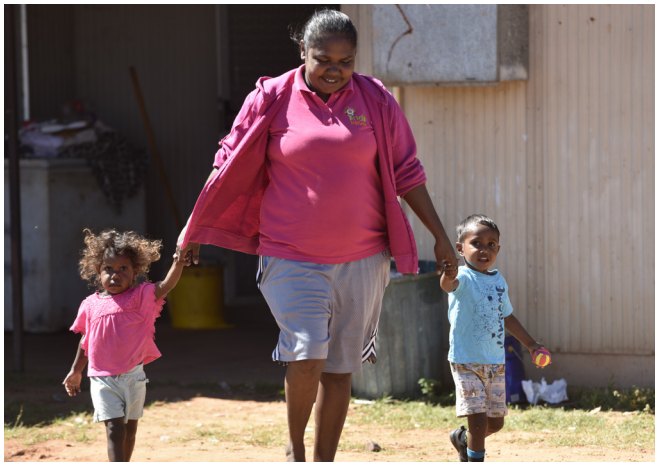
"We thought Moriarty (Foundation) was an ideal partner to collaborate with. They do outstanding work, based in community, on community. They have their trust. Covid-19 is the perfect example of what can happen when there is a crisis - Indi Kindi can keep moving forward because they are part of the fabric of that community. They have trust and credibility in their community...Indi Kindi actually delivers services. That is important to us because of how it translates for long term outcomes and impact."

- Amelia Pickering, Menzies

5. Impacts of the Indi Kindi program

Indi Kindi considers their specific areas of impact in terms of 'three keys to unlock Indigenous children's potential.' These three keys are: education, health, and culture and community. Within each of these areas there is room in the program for impact on the children directly, as well as on their families, the staff, and the wider community.

Quantitative assessments of Indi Kindi's impact are limited at this stage, as short term funding has not allowed the investment to design and collect time series or longitudinal data, so much of the impacts described here are preliminary qualitative findings based on stakeholder interviews.



5.1 Educational impacts

"What I observe is kids listening, sitting and doing stuff, engaging with the activities. Sometimes… if kids haven't been in our program before and join at 3 years you can see a big gap in their ability to settle and engage. You have to focus on those kids a lot not to disrupt the class."
- Andrea Vargas, embedded program mentor

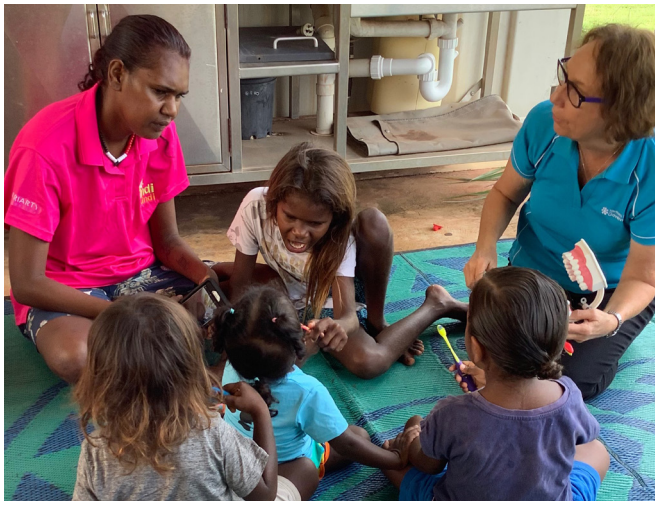
Education impacts Indi Kindi is looking to create include increased enrolment and attendance of children, improved educational development and school-readiness of those children, and the training and development of staff members.

According to Smith-Vaughan, Indi Kindi is an important part of the approach to improving the school-readiness of children in Borroloola and Robinson River: "What we do know is that to improve school readiness for kids living in very remote areas – there is not one solution. This is about a number of solutions that we need to bring together. And Indi Kindi is an important part of the solution". Jemima Miller Wuwarlu from the community notes that "[Indi Kindi is] good, doing good things for the children, they learn something and are better prepared for big school".

The Indi Kindi embedded mentor Andrea Vargas noted that early feedback from school teachers was positive: "In general they say they are well prepared, they can follow routines, keep building healthy habits like handwashing, they are better learners with listening skills, and gross and fine motor skills - that's an area we focus on given that we are outdoors, in addition to arts and crafts."

Useful statistics include:

- Indi Kindi currently has 117 children enrolled; 80% of Indigenous children in the communities. Children may also engage with three other early childhood education options in Borroloola.
- In a given term, 80% of enrolled students attend at least once. Indi Kindi has a smaller group of very regular attendees (children and their families), but additionally is able to engage with a high number of students who may attend once or twice a term.
- 97-100% of families agreed in surveys that their children have shown an improvement in developmental milestones (Dec 2018 and 2019 parent surveys, each including >35 respondents)
- All 5 current staff members, plus 1 staff member on maternity leave, are on track with their training to receive a Certificate III in Early Childhood Education from the Batchelor Institute.



5.2 Health impacts

Indi Kindi places significant emphasis on improving the health outcomes of children and families. Key health impacts arising from the Indi Kindi program appear to include: access to and engagement with health services for the children & families; prevention & early detection; health education for the wider community.

Access to and engagement with health services

Indi Kindi collaborates with the local health clinic and the Menzies Under-5 HealthLAB, as well as engaging in ongoing day to day conversations with parents. Vargas, the embedded program mentor, describes how delivering sessions at the health clinic has increased local engagement on health issues: "We have more attendance when we are going to the clinic. It helps the families not to feel strange about receiving these services or having conversations with the different health teams. The families are more interested now in the kids' health because they are more educated about why it is important."

Marlene Ball, the clinic manager at Borroloola Primary Health Care Centre notes, "They really enjoy the clinic visits. I think they do find it beneficial. It's made them not so scared of us! They all want to be nurses. I think it has helped our staff as well to understand how to engage with them because they can be scared. It's good for them, and us, and the staff members. Now I know these kids, I've been here over 3 years and I've seen these kids grow up. It's a really good interaction."

Prevention & early detection

The partnership with the local health clinic also enables early detection for certain health conditions, as described by Vargas: "We work with the children and parents on oral, ear and skin health. We are seeing fewer cases of skin problems, and kids recover more quickly from them because we talk to the parents about these issues and encourage them to go to the clinic. We also take the kids for hearing tests, oral health checks and other screenings. If we find anything we talk to the parents about it and encourage them to get follow ups and treatment. Sometimes the clinics ask for our help to get in touch with the families and we help them. It's a collaboration."

Ball agrees, stating in her interview that, "Because we see them, I think their health checks have really improved. The mums are more likely to tell us if they have a sore, we also show them how to resolve it and to clean it and do dressings. I think they have made improvements in dental hygiene, the dentists are good at teaching them about baby teeth and what you do when you get your big teeth."

Indi Kindi also prevents poor health through their provision of 3000 hot meals per year from a dietician designed menu, ensuring improved nutrition for children enrolled in the program, staff, and family members who attend the sessions. In an interview with Sharon Kinraid, from a Community Agency, she highlights this specific aspect of the Indi Kindi program: "Indi Kindi has an impact in various ways. For example, they provide healthy meals to the kids and they teach their staff how to shop, and cook and provide healthy meals for the children in the program and their own families."

Health education for the wider community

The public health impact Indi Kindi has on the local community has recently been accelerated through the partnership with Menzies HealthLAB, who are further building the capacity of Indi Kindi's staff to become health educators and advocates in their own communities.

In addition, the staff themselves have role modelled healthy lifestyle behaviours by adopting certain lifestyle changes since their employment at Indi Kindi. Vargas notes: "[One staff member] made big changes in her life, has stopped drinking, stopped smoking, has shown her family she is a strong woman, keeping the culture, a role model. She has really developed a lot in that regard… another staff member who was a very heavy drinker at one point has significantly moderated her alcohol, was previously very hot tempered and has become more gentle, easy to work with."

"Indi Kindi is playing a role (for these women) in working and gaining qualifications. One of my past clients is doing marvelously with Indi Kindi…it gives her an opportunity to gain her qualification and do good work, and feel good about herself. Often in community, women like her can feel worthless. This would not be possible without Indi Kindi for this woman."
- Sharon Kinraid, Community Agency

The staff members have not only acquired new skills through their training as early childhood educators, but have become community role models. As described by Smith-Vaughan, "Schools are working hard to grow the next generation of educated workers in communities, but there needs to be jobs and pathways for these kids. They need to be able to see that ah wonderful! Look at the opportunities I have! … The program also provides role models for young people in the community."

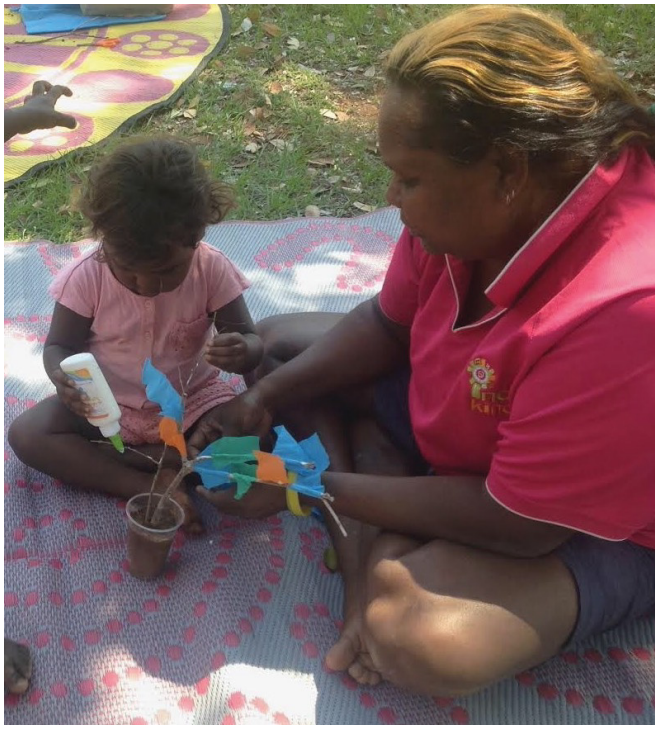
6. Success factors

According to key stakeholders interviewed for this study, the impact Indi Kindi has had upon the community of Borroloola stems from the following four main factors:

6.1 Building capacity in the community through meaningful local employment

This theme has emerged in the interviews conducted for this study as the most salient impact that the program has had on the communities of Borroloola and Robinson River. The fact that Indi Kindi is staffed by Indigenous local women who receive stable employment, educational training and support in the form of hot meals and transportation has contributed to high staff satisfaction and retention rates.

The Indi Kindi program has a track record of keeping local women employed, with 60% of the current staff having been with the program for 4-5 years. According to Smith-Vaughan, "What Indi Kindi has done is provide jobs and education for the local staff. To me this is one of the biggest impacts and biggest needs as well."

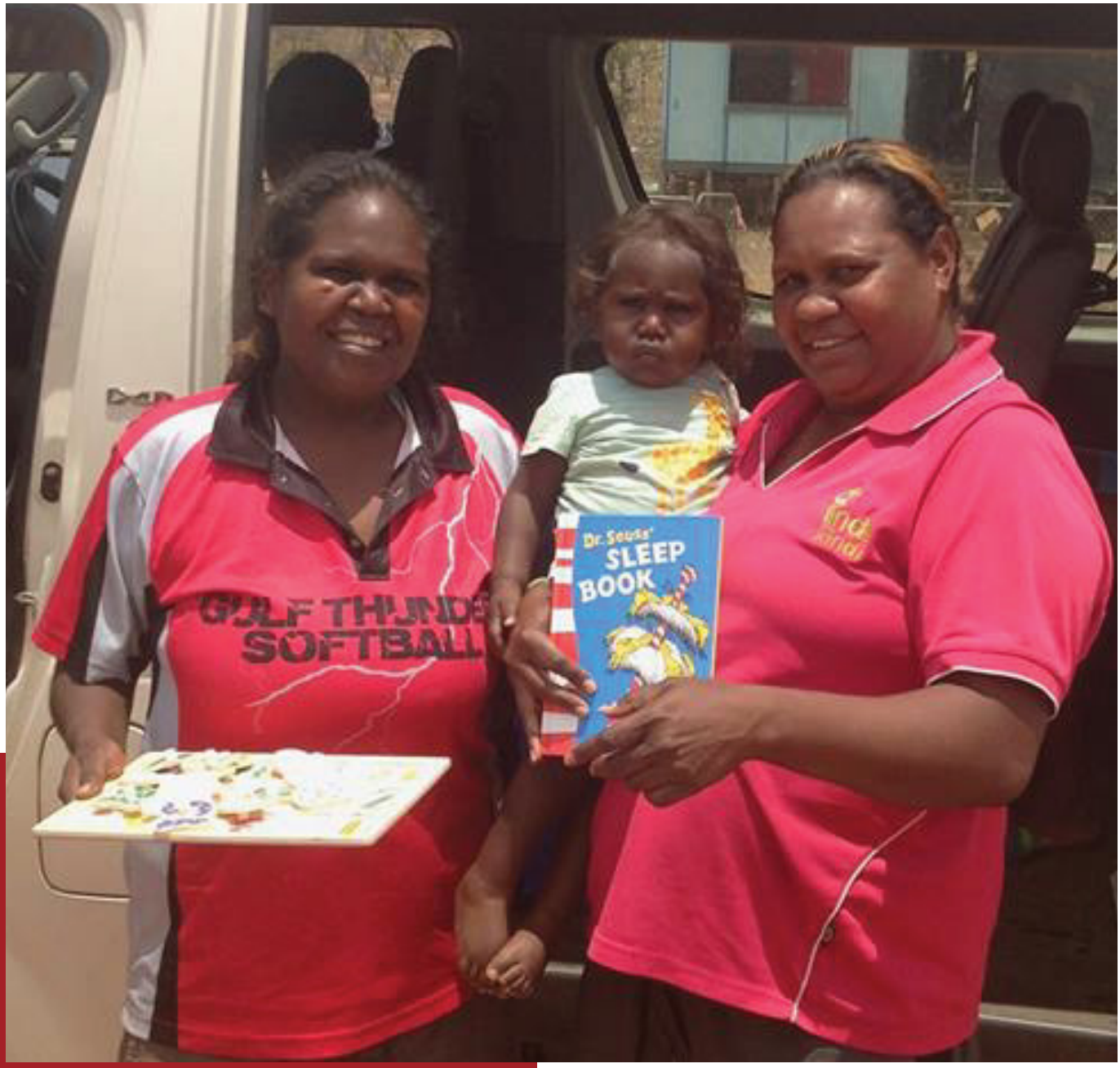


Deandra's Story

Deandra McDinny first came along to an Indi Kindi session in 2013 as a mum with her son, Leonardis, who was aged 1 at the time. Leonardis really enjoyed looking at books and learning to count. When Leonardis was 3 years old, Deandra talked to Indi Kindi's Team Leader and Mentor about employment opportunities. Deandra describes her motivation, "I said to myself: I'll stay with this job and make a commitment to come to work every day, to be with the kids, to help them learn and be ready for school. I want the kids to get a good future and get a good job."

In March 2020, Deandra celebrated 4 years of employment with Indi Kindi. She describes what working at Indi Kindi means to her, "When we drive around the community, the kids get excited, they come running and say Indi Kindi is coming! They try to get on the bus and I have to tell them to wait so we can open the doors. Every morning I see their smiling faces and it makes me happy. The young mums see us as an inspiration as we are teaching their kids."
Deandra is two thirds of the way through completing a Certificate 3 in Early Childhood Education and Care with Indi Kindi. She attends tutoring in the training rooms in Borroloola and makes the 900km journey to the Batchelor Institute TAFE twice a year to participate in week-long intensive study. Deandra values this study time: "I've learned so much, all the laws working with kids, and the five principles of early childhood education so I can be an Indi Kindi educator".

Deandra, a Garrawa woman, is viewed as a thought leader and change-maker in Borroloola. Working with Borroloola Senior School, Deandra delivers presentations to the students to encourage them to participate in work experience at Indi Kindi. She is a strong voice in the Early Years Network where all early childhood services collaborate to integrate services. Deandra is a key contributor in our local Community Advisory Group and believes it is important to consult the Elders, "They are the leaders in our community and we need to talk to them about what is going on for the kids. We look up to the elders, we ask them about the land and it makes us understand what they used to do. All my grandmothers are an inspiration, they have knowledge, they tell us how they looked after their kids."

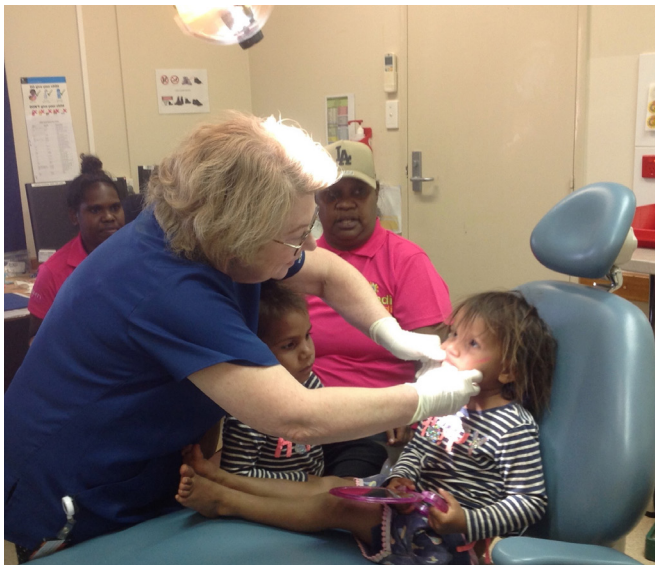


Deandra is creating sustainable change to improve the early childhood outcomes in education, health and wellbeing for the under 5s in Borroloola. She is proud of her work, "I love coming to work every day, working with my colleagues to make a better community, a better environment for the kids to learn. I love how we have our classes outside, in the heat and everything, it's good. I've learned so many things. I've pushed myself real hard. I've got a good job, I feel proud of myself because I didn't have any power when I wasn't working. Now we come together and plan for our little ones and the community. It's great to be part of this team and it's something that we are good at."

The embedded mentorship has been an important factor in building the capacity and confidence of these women, initially by ensuring they were attending and engaged at work, followed by building their skills and confidence as educators. More recently, Indi Kindi employees have been involved in designing and planning the activities of the service. Other training and activities such as the Mental Health First Aid and Personal Finance courses have helped to establish their role as community role models. Kinraid notes, "My experience is that the women have to be supported and supported well, otherwise it will all fall apart after you leave... In my experience, [only] Indi Kindi does that well [in Community]."

These women really get what happens in Borroloola. There are basic threats such as lack of adequate housing and overcrowding. They know if family are struggling, if someone is going to jail or coming out, if a family member has passed or it is their anniversary of passing. They hold the history of family in Borroloola. As a non-Aboriginal person in community you are not always privy to the finer detail or understanding."

Sudha Coutinho - Narrative Therapist & Mental Health Clinician



6.2 The longevity and consistency of the program

The consistency and reliability of Indi Kindi's services in the context of a very dynamic remote community for over 8 years at the time of writing has been a critical success factor, with the continuity of staff and the embedded program mentorship since 2015 helping to establish and build the trust of the community. In Kinraid's view, "I think with any service, gaining trust is about continuity of their service and the leader. And Andrea (the in community Indi Kindi mentor) has been there for a long time. I found that with other services when you have a change in staff the community has to rebuild that relationship again and again. With such a small community, the only way to build trust is through continuity." Vargas also remarks that, "[T]he staff are local, parents trust them, they see how they have grown, they see how consistent the program is, that we provide nutritious food to the kids, hygiene and personal care. They come home every day with things they have made in class, with resources like books. It's now a very consistent program, and we have built that consistency between all the team members."

6.3 A culturally relevant program, adapting to the needs of community

The notion of culturally relevant programming is not unique to Indi Kindi. However, Indi Kindi was started within community and benefits from the ongoing guidance of the Community Advisory Group, which includes local Traditional Owners, Elders, families, and key community stakeholders, and supports the ongoing adaptation and innovation of the model to ensure its lasting impact.

According to Sudha Coutinho, Narrative Therapist and Mental Health Clinician, "Everything we know is that [early childhood] is such an important time in development. Having local facilitators is a way to ensure whilst foundation skills are taught, these skills sit really strongly in a cultural framework. That creates a great blending of what happens at home, and helps with getting ready for school."

One of the ways in which Indi Kindi has responded to local needs and advice is through the use of their 'walking learning,' model with an emphasis on spending time outdoors at a range of different locations around Borroloola. This innovative model builds on the measurable link between movement and cognitive function to boost positive behaviour, engagement and performance. This learning model is designed to be delivered outdoors, enabling movement, freedom and creative expression well suited to Indigenous children. The model incorporates the use of the Abecedarian Approach Australia (AAA) to conversational reading, introduced by Indi Kindi in collaboration with Families as First Teachers (FaFT), and uses Indi Kindi developed published materials (picture books in English and Yanyuwa by Ros Moriarty).

Indi Kindi's origination from community

Indi Kindi originated from the request of senior Law women at the centre of Ros Moriarty's book, Listening to Country, (Allen & Unwin, 2010), who wanted a different future for their children. Jemima Miller Wuwarlu said, "...I like see them, my grandchildren, go along school every day and learn about white man things, you know. I like see my grandchildren go to university to learn more, so they can help their own people. I telling my grandchildren, go every day along school, so you can learn to read and write."

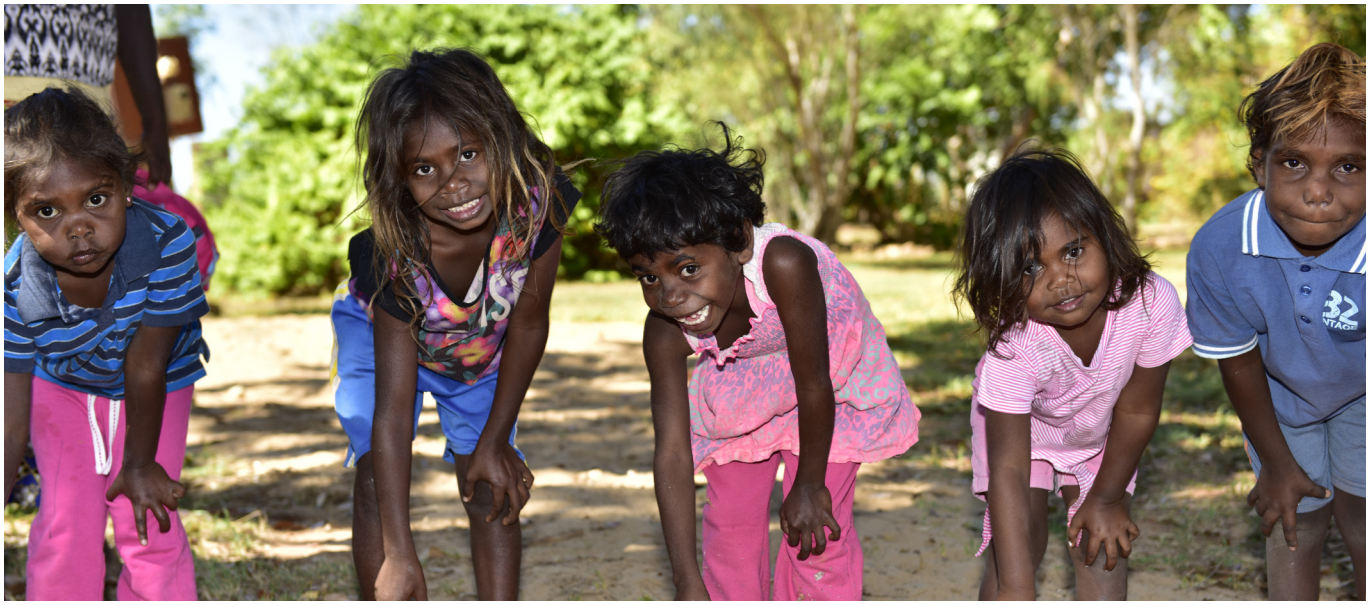
The Moriarty Foundation, via which Indi Kindi is delivered, was set up in conjunction with, and at the request of, the local community. Co-founder John Moriarty is a member of the local Yanyuwa people. The experience and capacity of the Indigenous-founded Moriarty Foundation to develop, deliver, manage and monitor investment in the chosen location is built upon solid long term family networks and successful business operations in the region, which serve as a basis for the Foundation's non for profit work.

Indi Kindi continues to work with senior Law women, community leaders, Elders, Traditional Owners, families and local staff through the Moriarty Foundation Community Advisory Group. These local stakeholders guide, shape and represent the program to their peers. Finally, the Community Advisory Group ensures that community driven priorities are addressed.

6.4 Addressing complexity through partnerships

Unlike traditional early childhood centres, Indi Kindi offers an integrated focus on health, wellbeing, education and personal development to give children the best possible start in life and improve the readiness of Indigenous children for school. Indi Kindi is a holistic program, meaning that in addition to working with the individual child, Indi Kindi actively engages with their family in order to create positive outcomes in the community as a whole. To do so most effectively, Indi Kindi partners with other organisations to deliver child centred and family centered services, building on Indi Kindi's embeddedness in the community and their outreach to difficult to access families.
These partnerships are shown in Appendix B.

7. Summary and recommendations



This report has found that Indi Kindi operates in a highly challenging remote community environment with multiple risk factors, yet provides a strong opportunity to engage with that community as the majority (approximately 80%) of 0-4s and their families in the communities of Borroloola and Robinson River take part in the program.

This program has had, and will continue to deliver, considerable health, education, and community impacts. Indi Kindi's holistic approach across education and health are helping to tackle inequalities in school readiness and health outcomes for Indigenous children, delivering these in a culturally relevant framework with the aid of local knowledge and local languages.

Consistent long term service delivery has made Indi Kindi part of the fabric of the communities in which it operates through a gradual capacity building approach with local Indigenous employees and guided by local Elders with other community leaders. As a result, Indi Kindi now offers a pathway to addressing some of the very complex issues this community faces. Indi Kindi has achieved this consistency of delivery despite operating in a context of short-term funding arrangements, which make it challenging to plan and invest for longer term benefits.

If Indi Kindi ceased to operate in Borroloola and Robinson River, it appears likely that this kind of disruption to the continuity of the program would render it significantly more difficult to establish a new program in the future. Sharon Kinraid commented that "Currently the mums employed have something to look forward to and work towards - but if Indi Kindi was to stop operating, they would slip back into negative behaviours such as drinking, neglect of children, no money for food because of spending on alcohol / drugs, gambling or money being taken from them by partners."

Models like Indi Kindi's are challenging to replicate owing to the long term community development and trust building that is required to operate successfully. Indi Kindi is in the process of expanding to two new communities – Tennant Creek in Northern Territory and Kuranda in Queensland – based on demand from those communities for the service. Stewart Willey, the Program Manager for Tennant Creek's Youth Development Unit said of that community, "We need to be employing more local Indigenous people but for that to be successful there needs to be a mentoring aspect to it and not only support in running the program, but also supporting other aspects of their lives including training", indicating how Indi Kindi's model of supported local employment could allow for successful delivery there also."

These communities will allow Indi Kindi to test and refine an approach to scaling up and understand what factors about the model are critical and what must be adapted to each individual community.

7.1 Recommendations:

1. Continue Indi Kindi's program in Borroloola and Robinson River, based on the benefits seen to date and the risks to the staff, children, families and community if the program were to cease, with funding provided on a longer term basis than previous arrangements

a. Longer term (e.g. 3 year) funding arrangements are needed to provide greater stability and security for the program and the community

b. Longer term funding arrangements are also needed to enable quantitative impact measurements to be planned and consistently collected

2. Develop an evaluation plan and begin collecting data which will enable closer monitoring and impact assessment of Indi Kindi's work in community

a. Identify the right measures for tracking activities, outcomes, and impacts for children, families, staff, and community based on what the community values about the program

b. Collect and track those measures at consistent intervals to gain a longitudinal (3-5 year) picture of health, education, and culture and language impacts

c. If possible, identify comparator community or communities of children and families, to help clarify the benefits attained in Borroloola and Robinson River

3. Financially support Indi Kindi to develop a theory of change framework and logic model to identify opportunities to consolidate and amplify the impact they can make

a. This should enable Indi Kindi to identify opportunities to consolidate and amplify their impact in Borroloola and Robinson River

b. It should also help to identify key factors and an approach to scaling up opportunities in other communities

4. Financially support Indi Kindi to develop their model in additional communities to prove scalability and identify factors which make this more or less successful

a. Indi Kindi has already begun this process in Tennant Creek NT and Kuranda QLD, but as in Borroloola and Robinson River, longer term funding will allow for a proper evaluation of impacts and to understand success factors for scale-up

[7]Indi Kindi is undertaking a "Rapid Review" in Semester 2, 2020 through the Australian Council for Educational Research, which will analyse program documentation to develop a theory of change, logic maps, evaluation plan, and impact measurement. There are plans to undertake a second review with a focus on collecting longitudinal outcomes data.

Appendix A: Evaluation methodology

Evaluation is a challenging task to perform for a program like Indi Kindi in a community like Borroloola. The community is complex, and outcomes are likely to be both long term and diffuse. As Smith-Vaughan explains, "There are many variables to take into account when evaluating programs like Indi Kindi in remote communities. For example, ear disease is common and the associated hearing loss is an important factor hindering school readiness; at the same time, this is an important issue that Indi Kindi can help to address."

Indi Kindi has produced a number of monitoring and performance reports over the past few years which give helpful information about factors such as enrolment and attendance figures. Indi Kindi has also conducted parent surveys, but has not had access to more sustained funding needed to enable an investment in longer term monitoring and evaluation.

A full impact evaluation with quantitative outcome measurement requires resources, careful planning and data captured at multiple points in time including a baseline, most likely following whole families on a longitudinal basis. Ideally, it would also include comparator families and/or communities.

Methodology for this report

The approach taken for this report has been to make use of existing reports by Indi Kindi and prior qualitative interviews, supplemented with selected interviews.

Fourteen interviews were undertaken for this report, including:

- Six interviews of local mothers and grandmothers: Jemima Miller Wuwarlu; Shirley Simon; Thelma Dickson; Leonie Norman; Emily Evans; Rachel McDinny
- Three community interviews:
- Sharon Kinraid, Community Agency
- Marlene Ball, Primary Health Care Manager at Borroloola Primary Health Care Centre
- Stewart Willey, Program Manager, Tennant Creek Youth Development Unit
- Four expert interviews including:
- Alice Hall, International Programs Manager, Early Childhood Development, UNICEF Australia
- Heidi Smith-Vaughan, Associate Director for Research at Menzies School of Health Research
- Amelia Pickering, Business Development Manager at Menzies School of Health Research
- Sudha Coutinho, Narrative Therapist and Mental Health Clinician
- Andrea Vargas Cabrera, Community Development and Indi Kindi Team Leader at Moriarty Foundation

This report was co-authored by Dr Galia Barhava-Monteith, an independent consultant and facilitator specialised in knowledge mobilisation and Margot Tong, a management consultant specialised in health and family services. Margot and Galia are independent of Indi Kindi and the Moriarty Foundation.

This report was undertaken during COVID-19 travel restrictions and the authors were unable to visit and see the service themselves. They have therefore relied on accounts from others of how the service feels and operates in person as well as the nature of the communities in which it is situated.

Appendix B: Key partnerships and initiatives undertaken by Indi Kindi

Partner	Work undertaken
Borroloola Primary Health Care Centre, Top End Health Service	Indi Kindi delivers a program which involves regularly bringing the children and parents to the health care clinics, setting up sessions in the grounds outside and providing lunch. The children meet different health teams who visit from Darwin (e.g. eye health, ear health, dental) to receive screenings and checks; during other visits they receive tours of different parts of the health clinic and meet a range of staff, as well as being shown and allowed to touch and play with new equipment.
Menzies School of Health Research	Developing and delivering the Remote Indigenous Health and Early Years Program (RIHEYP) which incorporates three initiatives in Borroloola and Robinson River: Indi Kindi, Under 5's HealthLAB Program, and Indigenous Head Start Traineeships. This partnership aims to improve the health and wellbeing of Aboriginal and Torres Strait Islander children, families and their broader communities through collaborative initiatives for targeted health activities. This program will involve monitoring and evaluation.

UNICEF Australia	UNICEF Australia and Indi Kindi are partnering on early childhood development in Indigenous communities by addressing nutrition, protection and stimulation in the early years. This includes sharing knowledge and understanding of multi-sectoral, culturally relevant approaches to ECD in order to strengthen ECD practice in Australia and the Asia Pacific region, as well as partnering to ensure continuity of ECD services during COVID-19.
The Batchelor Institute of Indigenous Tertiary Education	The Batchelor Institute is a unique education facility in Australia and one of few in the world that caters specifically for the needs of Indigenous peoples. Indi Kindi offers the local women employed by the program a pathway to study whilst working to gain nationally recognised qualifications in Certificate III Early Childhood Education and Care as facilitated by the Batchelor Institute.
The Li-Anthawirriyarra Sea Ranger Unit and local Alcohol and Other Drugs Program	The Indi Kindi team supports families to attend overnight camps on Country in collaboration with the Sea Ranger unit to support the sharing of language, culture, songs, stories and meals. The local Alcohol and Other Drugs Program also regularly attend Indi Kindi sessions as well as the women's camps, to facilitate culturally sensitive discussions to support women's mental health and wellbeing.
Families as First Teachers (FaFT)	In collaboration with FaFT, Indi Kindi introduced the Abecedarian Approach Australia (AAA) to conversational reading. Indi Kindi developed published materials (picture books in English and Yanyuwa by Ros Moriarty) to address the state of very poor or non-existent school readiness in Indigenous communities
Artback NT	Artback NT provides opportunities for local communities to engage in future events and festivals showcasing the rich and varied Indigenous local culture. Indi Kindi works collaboratively with Artback NT to encourage the participation of children, their families and the broader community in their events. "This year's Festival hosted an inaugural performance that was devised by the Indi Kindi team titled 'When the wet season starts'. Eve Pawlik (Artback NT's Project Manager) worked with the team and young people to develop the soundscape, costumes and stage props for the play. Rehearsals for this ran in the lead up to the Festival at the Tamarind Tree Park, Borroloola School and Waralungku Arts with Indi Kindi's young people and parents. Indi Kindi and John Moriarty Football ran new activities at the Festival this year with a special Indigenous languages story time and reading space for young people and families to gather. Part of this included a series of books that were translated into Yanyuwa for the space." - Malandarri Festival Report 2019 from Artback NT
Waralungku Art Centre	Indi Kindi regularly delivers at the Waralungku Art Centre[8]. This is significant because these Indi Kindi sessions involve the Elders speaking in the local Indigenous language. The Australian Council for Educational Research (ACER) paper Making aDifference, Improving Outcomes for Indigenous Learners (2013) highlights the findings on numerous Indigenous education studies ACER has conducted. The paper reflects that family support and engagement in shared activities contribute to the resilience of Indigenous children, resilience being a critical element of the transition from home life to school. This research supports the notion that the shared activities of reading, storytelling and games involving literacy and numeracy skills led by extended kin (Pattel, 2007), have significant potential to embed the process of intergenerational learning with home literacy practices in Indigenous families.

[8] *https://www.waralungku.com/about/*

Appendix C: Remote Indigenous communities

Indigenous communities across Australia, as well as in many other countries globally, experience multi-generational disadvantage and deprivation. They typically face lower educational attainment, employment, income, health and well-being outcomes than their non-Indigenous counterparts.

In Australia, many Indigenous communities also reside in remote or very remote locations, which create significant additional challenges for their residents in accessing services, support and programs.

a) Economic and social disadvantage

Income and employment

Deprivation as a result of low labour force participation, employment rates and income is a common feature of remote Indigenous communities, compounded by poor educational outcomes and few opportunities for stable employment in these locations. For example:

- 37% of Indigenous Australians in the very remote parts of the Northern Territory are part of the labour force, of which 32.5% are employed (ABS, 2018-19)
- The median weekly personal income for Indigenous Australians, at $441, is lower than for non-Indigenous Australians, at $670, and declines with the level of remoteness, down to $286 in Very Remote areas (ABS 2019, based on 2016 census data)

Domestic violence

15.6% of Indigenous Australians report experiencing or being threatened with physical harm in the past year (ABS Australian Aboriginal and Torres Strait Islander Health Survey, 2018-19), 7.3% report that they did experience physical harm, and two thirds of the latter experienced harm from a family member or intimate partner. As these are self-reported statistics, and do not discriminate between remote and non-remote rates, it is likely that the true incidence among remote Indigenous Australians is significantly higher than these figures suggest.

Out of home care

Indigenous children in Australia are overrepresented across Child Protection services, and are more than 10 times more likely to be in out of home care than non-Indigenous children (as of June 30 2019), comprising 38% of the national population of children in care.

Housing

Many remote Indigenous communities have poor quality and overcrowded housing stock and related services (e.g. water, electricity, and rubbish collections)

- 25% of permanent housing in discrete Indigenous communities was reported as requiring major repair and 9% requiring replacement (ABS, 2006, based on the 90% of housing owned by Indigenous Housing Organisations)
- Over 60% of Indigenous persons in the Northern Territory outside Darwin are assessed as living in overcrowded conditions (ABS 2016)

b) Health outcomes

Indigenous Australians have a lower life expectancy, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than non-Indigenous Australians (AIHW 2013; Bramley et al. 2004; Freemantle et al. 2007).

Compared to non-Indigenous Australians, infant mortality is nearly double among Indigenous Australians (5.6 per 1,000 vs 3.0 per 1,000 live births, ABS 2020), and higher again in remote Indigenous communities (9.7 per 1,000 live births).

Across many factors and causes, Indigenous Australians experience a higher overall death rate (9.6 per 1,000) than non-Indigenous Australians (5.2 per 1,000), and remote Indigenous communities face an even higher rate (14.1 per 1,000). The average age at death of non-Indigenous Australians was 20 years higher than for Indigenous Australians in 2018 (ABS, 2018).

In addition to a shorter overall lifespan, the Australian Burden of Disease Study (AIHW 2016, based on 2011 data) estimated that the burden of disease was twice as high among Indigenous Australians as among non-Indigenous Australia (excluding impacts on mortality). The report found that chronic diseases were responsible for more than two thirds (70%) of the gap in disease burden between Indigenous and non-Indigenous Australians. This group includes conditions such as cardiovascular diseases (19% of the gap), mental & substance use disorders (14%), cancer (9%), chronic kidney disease (CKD), diabetes, vision loss, hearing loss as well as various respiratory, musculoskeletal, neurological and congenital disorders. Large inequalities were also evident in the report between remote and non-remote areas, with remote and very remote areas having higher rates of disease than non-remote areas. The burden of disease was found to be highest in areas where the Indigenous population was the most socioeconomically disadvantaged and fell with decreasing levels of disadvantage (AIHW, 2016).

The Australian Aboriginal and Torres Strait Islander Health Survey (ABS, 2018-19) details many contributing factors to the mortality rates and disease burden of Indigenous Australians. These include:

- **Smoking rates:** 59.3% of remote Indigenous Australians aged over 18 self-report being a current smoker (compared with 17.6% of non-Indigenous Australians); 52% report smoking at least daily
- **Dietary factors:** 98% of remote Indigenous Australians and 95% of remote Indigenous children report inadequate daily fruit and vegetable consumption. Poor diet is a key risk factor for chronic disease, but with some of the nation's highest food prices combined with generally low income levels, remote communities often have little choice besides fast foods and soft drinks.
- **Weight**: 71% of Indigenous Australians have a waist circumference in the 'at risk' range
- **Drug use:** 26.9% of Indigenous Australians in remote areas report substance use in the past 12 months

c) Educational outcomes

- **Early childhood education:** (ECE) The latest Closing the Gap Report shows improvement in ECE enrolments for Indigenous children in recent years - between 2016 and 2018 the proportion of Indigenous children enrolled in ECE across Australia increased by almost 10 percentage points, to 86.4%. In very remote areas attendance remains at low levels (79.7%). Enrolment rates overall in the Northern Territory were much lower for Indigenous children, at 76.4%.
- **School readiness:** 42% of Indigenous 4-5 year olds were assessed as vulnerable in one or domains in the AEDC (Australian Early Development Census); in the Northern Territory outside of Darwin, this rises to 69% (AEDC, 2015).
- **School attendance:** The school attendance rate in the Northern Territory is 63% for indigenous students (Acara, 2019, school years 1-10), falling to 52% among Indigenous students in very remote areas. This is significantly lower than the Australia wide average of 91%.
- **School completion:** 66% of Indigenous Australians have completed Year 12, compared with 90% of non-Indigenous Australians; in very remote communities, this drops to 38% (ABS, 2018-19).

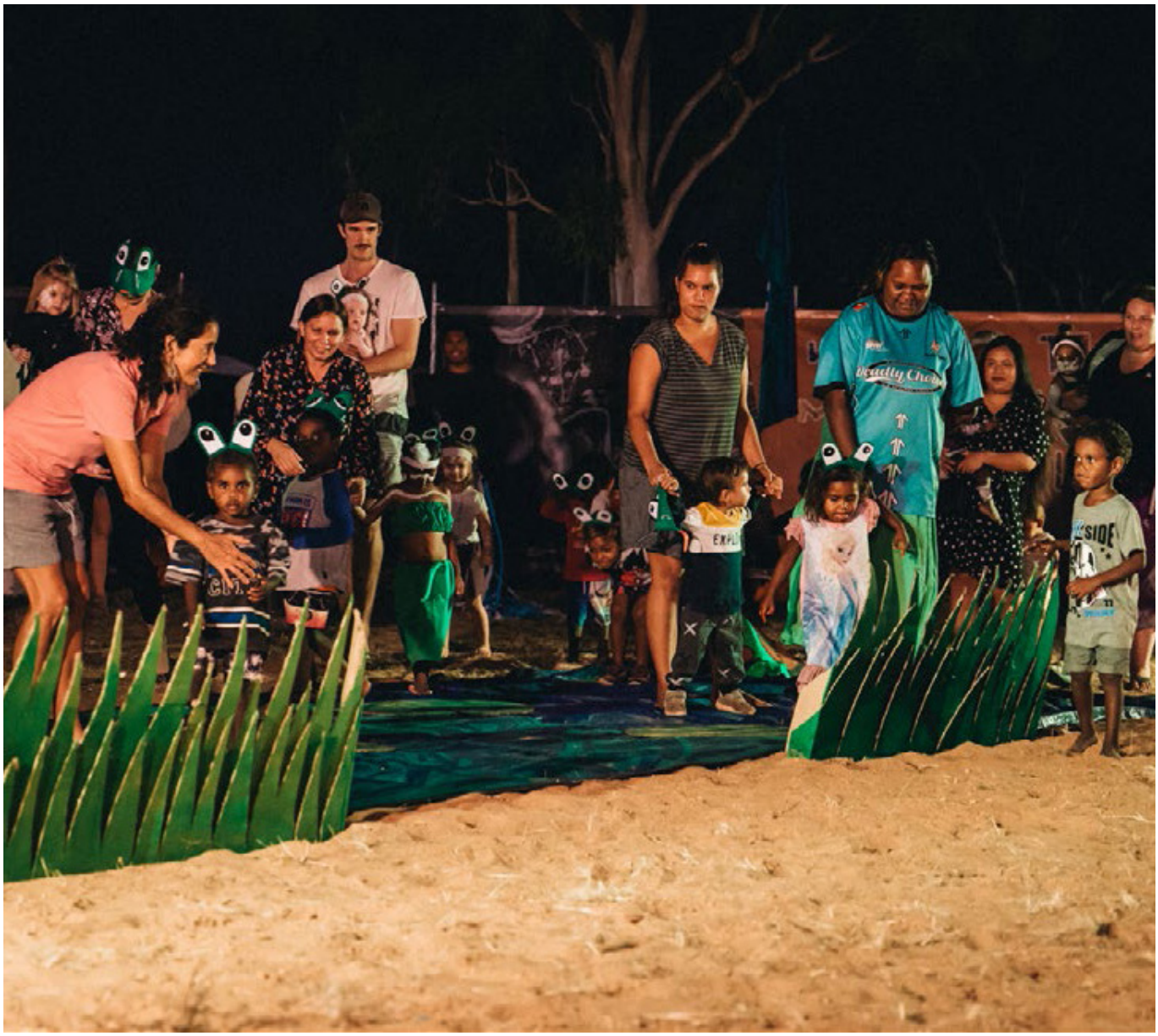


Photo Credit: https://artbacknt.com.au/wp-content/uploads/sites/31/Malandarri-Festival-Report_2019-web.pdf
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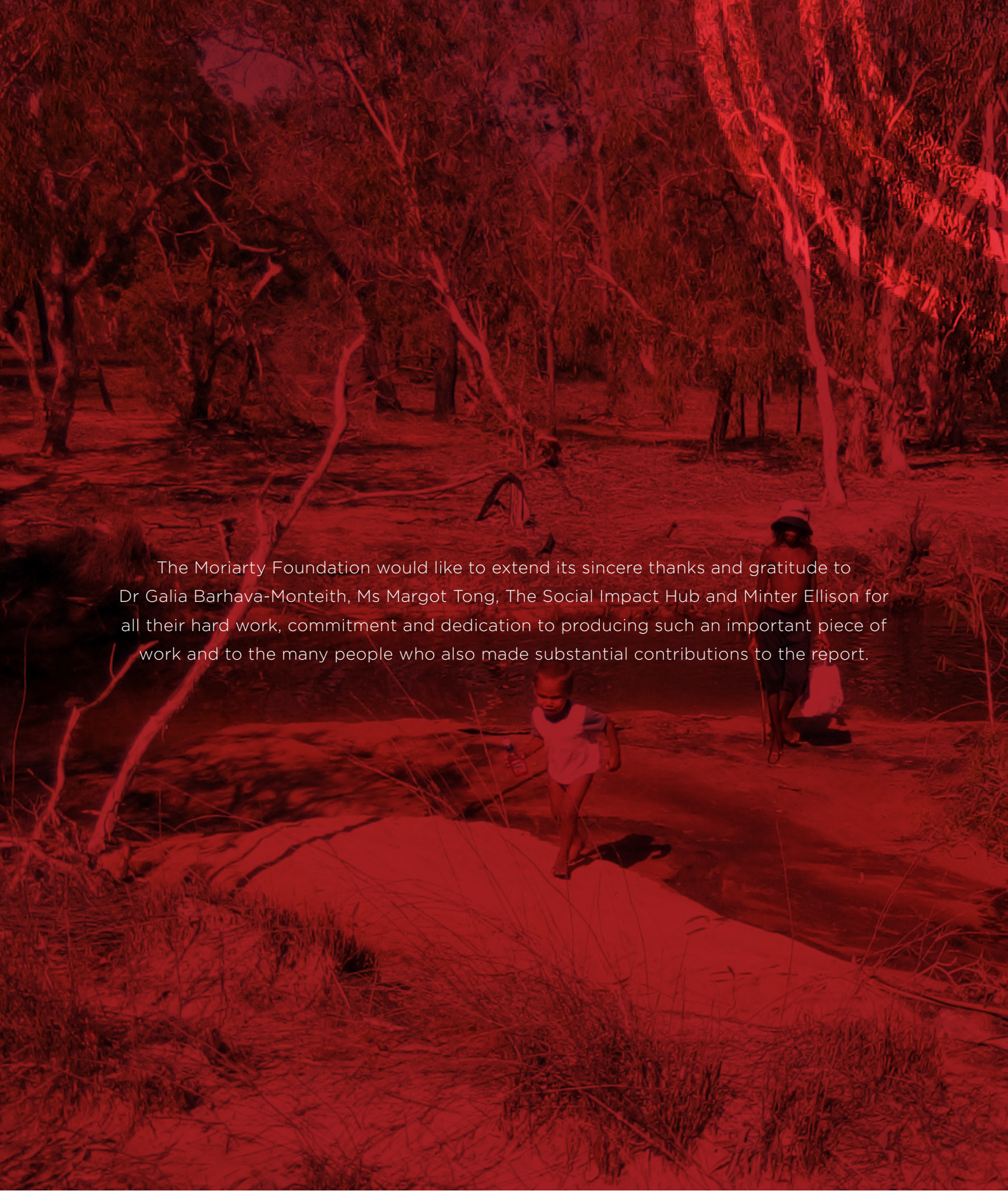

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