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Childhood Foundation
Protecting Children



Child Abuse Prevention
Research Australia

MONASH University

Response to National Standards for Out of Home Care Consultation Paper

Submission to the Department of Families,
Housing, Community Services and Indigenous
Affairs from the Australian Childhood Foundation
and Child Abuse Prevention Research Australia.

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Stop child abuse

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no bad things
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Introduction

The Australian Childhood Foundation and Child Abuse Prevention Research Australia, Monash University, welcomes the Australian Government assuming leadership and influence in the strategic direction of and improvements in the Out of Home Care (OOHC) systems operated by the States and Territories. Such an initiative will seek to ensure that all children and young people in out of home care are afforded the same level of care regardless of in which state or territory which they live.

The out of home care system operates in a complex environment of different State and Territory laws with many of these systems undergoing or have recently undergone significant change. Some States and Territories have highly developed standards other have yet to undertake this process.

Improved outcomes for children and young people in out of home care are imperative and in order to meet this challenge the State and Territory systems must respond by adapting their practices and behaviour by:

- placing children and young people who are in out of home care at the centre of system responses and providing better integration at points of delivery, in particular, health, mental health and education;
- producing evidence based guidance to support the planning and delivery of services for children in out of home care;
- increasing the knowledge and skill base of those who provide out of home care services;
- benchmarking and researching outcomes;
- developing common data and statistics gathering across Australia; and
- combining rigorous self-evaluation and independent inspection to improve delivery of services.

A national evidenced based approach is essential to bringing about the changes necessary to create equality of opportunity for all children who live in the out of home care systems.

In considering the development of national standards for children and young people in out of home care, we must acknowledge and understand the profound impact of experiences of abuse, neglect and trauma that children and young people bring with them into the care context. As a consequence, they have more intense needs than most children who have grown-up in secure and supportive families. In order to be effective, the out of home care system must migrate from traditional models of care to those models that are likely to be more responsive to the needs of the children and young people for whom it seeks to support and care.

Research has clearly demonstrated both in Australia and overseas that there is now a significant lack of fit between the needs of children and young people entering care and the capacity of the system to effectively address these needs. In her summary of the out of home care literature, Mitchell (2008) noted the following critical challenges for out of home care systems in Australia:

- an increase in the number of children entering out of home care;
- children in care are presenting with more complex and challenging needs;
- children are entering care at younger ages;
- insufficient available and appropriate placement options;
- high levels of placement instability;

- a reduction in placement resources; and,
- difficulty in recruiting and retaining carers.

Mitchell's (2008) summary of the outcomes of reviews and research into foster care specifically, highlighted a number of pressures on the system including:

- the lack of a widely accepted theory to underpin the foster care approach;
- insufficient number and range of foster placements;
- poor matching between the skills and qualities of carers and the needs of children placed with them;
- multiple placements of unrelated children with the same foster family;
- contrasting expectations of foster placements regarding duration;
- stresses on foster parents to meet the complex needs and challenging behaviours of the children in care;
- placement instability;
- poor co-ordination of services;
- a lack of attention to long term foster care, permanency planning and adoption;
- the exclusion of biological parents from planning processes;
- the complexities inherent in contact between foster carers and the child's birth family;
- a reliance on public health services for children resulting in lengthy delays in obtaining specialist services with some services being unavailable;
- high turnover of carers with substantial numbers of carers becoming and leaving foster care over a 12 month period;
- a lack of acknowledgment, respect and support for carers from many workers;
- the experience of providing care is experienced as both arduous and at times hazardous for carers personally and their families;
- the importance of allowances and reimbursement of expenses for the maintenance of foster care placements; and,
- a lack of respite care services which accentuate difficulties for carers.

Further, arising from concerns about abuse in care, the Queensland Crime and Misconduct Commission (2004) inquiry suggested that issues in the statutory child protection system were compounding the difficulties experienced in foster care including:

- many children were not allocated a caseworker;
- non-existent or poor case planning;
- inadequate training and support for foster carers; and,
- poor relationships between child protection staff and foster carers.

In her analysis of out of home care reform in Australia, Mitchell (2008) noted that whilst

...as early as 1993, Goddard and Carew suggested that the era had long passed when

"...good intentions will win the day....(p.9)".

..... a decade later, Golding (2004) pointed to little improvement in the capacity of the system to effectively meet the needs of children in care arguing that the task of caring is more demanding, stressful and complicated today than at any other time in history. Increasingly, children in out of home care present with a complex matrix of needs and challenges that are often not well understood or responded to, resulting in their poor psychological, emotional, social and academic functioning (Bromfield et al, 2005; Sinclair et al, 2005; Department for Education and Skills, 2007).

Illustrating the lack of fit between traditional models of out of home care and the needs of children and young people entering care today Mitchell (2008) noted Australian research findings that suggested that

“..... more than 60% of children coming into care met the criteria for at least one major psychiatric diagnosis, most commonly Post Traumatic Stress and Adjustment disorders. Almost 75% of children over the age of 5 years in the sample scored in the borderline or abnormal range on the Strengths and Difficulties Questionnaire (SDQ)..... (Mitchell, 2008).”

The development of a set of National Standards for Out of Home Care represents an important opportunity to deliver a framework for reconceptualising the role of out of home care away from an alternative form of accommodation to an integrated intervention aimed at stabilising children’s traumatic reactions and promoting their recovery.

Are the key areas of well-being for children and young people identified the right ones to focus on? If not, what additional areas should be taken into account? Why?

Whilst the key areas of well-being are a good starting point, the standards must pay attention to the particular needs of abused and traumatised children and young people. Well-being must be contextualised within a trauma framework of understanding if out of home care systems are to become more attuned and responsive to the needs of children and young people in care.

Children and young people coming into care need to experience safety, security, stability and support provided through caring relationships. Research strongly suggests that given the appropriate parenting experiences, children can recover, or at least significantly improve, from even the most severe early adversity and trauma caused by abuse and neglect (Rutter, 2000; Sinclair et al, 2005).

For more than four decades, attachment theory has been the primary influence in understanding the needs of children in out of home care. However, the emerging research evidence base associated with the neurobiology of trauma is gradually also shaping child welfare practice. Trauma and attachment theories, together, can provide a useful interpretive frame for carers, support staff and others to better understand the needs and challenges of traumatised children and young people and provide a sound platform for guiding responses to them both in care and in other environments in which they find themselves. Such theories offer a more comprehensive and holistic means by which the emotional, psychological and behavioural functioning of abused and neglected children can be deconstructed and understood (Van der Kolk, 2005).

Drawing on her review of the trauma and attachment research to date, Mitchell (2008) proposed the following summary of the basic themes as it applies to children in out of home care:

- **Trauma significantly alters baseline physiological arousal levels in children.**

Children are likely to benefit from environments of care which pay attention to their mood, focus on adjusting sensory stimulation to promote patterns of effective physiological modulation, and engage predictable strategies from carers that reduce cue reactivity with the aim of stabilising arousal volatility.

- **Trauma reduces cortical capacity to regulate subcortical activation in children.**

Carers may benefit from understanding that traumatised children are likely to find it difficult to utilise reasoning and logic to modify their behaviour or reactions. These children are also unlikely to learn from consequences, in particular when they are in heightened arousal states. It is possible to support carers to avoid the frustration associated with the failure of traditional parenting approaches if they can understand that trauma acts to scramble cortical functioning and reduce children's capacity to be guided by rule based frames of behaviour. In addition, children's recovery from trauma will be enhanced through interactions with carers which promote physical activity that stimulates lower order parts of the brain responsible for movement, play and balance.

- **Trauma disrupts memory functioning in children.**

Children are likely to benefit from strategies which support stressed memory systems, including the introduction of visual and mnemonic cues to prompt short term memory rehearsal and recall, repetition of episodic and narrative structures and the establishment of routines to structure behavioural rehearsal. In addition, children's ability to generalise learning from one setting to another is also hampered by memory difficulties. As such, care contexts should be resourced to implement co-ordinated plans of responses that support the translation of children's learning from one environment to the other.

- **Trauma disconnects children from relational resources that can mitigate its effects.**

Traumatised children will require opportunities to experience attachment relationships which offer consistency, nurture and predictability. Carers can be resourced to understand the significance of daily exchanges in providing the basis for children to develop alternative internalised schema that counteract previous attachment patterns. Increasing carer sensitivity to attuned communication with children is a core competency for caring for children with trauma backgrounds.

- **Trauma restricts the attentional capacity of children.**

Children may benefit from care environments which enable them to engage in experiences which redirect their attention away from past trauma oriented activation to the here and now. Carers can be supported to offer children chances to act and react in playful ways which are likely to lead to intensely positive experiences. These opportunities relieve the attentional burden on traumatised children. They also powerfully connect children and carers in shared activities that promote trust and belonging.

- **Trauma based behaviour is functional at the time in which it develops as a response to threat.**

Carers can be supported to understand the purpose and meaning of trauma based behaviour in children, helping to shift their interpretations away from blame to greater acknowledgement of the ongoing impact of children's abuse experiences. This functional analysis approach (Durrand, 1990; Gable et al, 1998; Alberto and Troutman, 2006; Cooper et al, 2007) enables carers to develop the confidence to plan

to respond to children. This analysis can also be translated into other settings such as school, where similar behaviours can intrude on children's every day experiences.

- **Trauma limits children's response flexibility and adaptability to change.**

Traumatised children may become fixated in patterns of recurring traumatic activation with little capacity to reshape their responses without the intentional resourcing of adults in their immediate care environment. Carers and other significant individuals will need to be resourced to focus on introducing change in small increments, preparing and supporting children to become accustomed to one change before initiating another. In this context, carers and others can be supported to understand the benefits of predictability and routine for children as well as the need for practicing flexible responses in acts of daily living.

- **Trauma undermines identity formation in children.**

Children are likely to benefit from reinforcement by carers and others for examples of qualities that denote positive sense of self and resource personal agency. Carers will need to be resourced to understand the significance of their role in nurturing an emerging self identity specifically at various developmental transition points for children.

- **Trauma diminishes social skills and isolates children from peers.**

Children with trauma backgrounds need support to engage positively with peers in social situations. Carers and other individuals will need to appreciate the importance of their role in modelling social skills and respectful interactions. This will resource traumatised children to build a network of relationships which promote connection and afford further opportunities to reconstruct their attachment styles.

What drivers of children's outcomes can be influenced by Out of Home Care – what are the top 10 factors to focus on? What particular issues *must* the standards address and why?

In the past decade, inquiries and reviews of out of home care systems have pointed to the need for multi-layered strategies to be at the heart of reform (Mitchell, 2008). The inter-relatedness of out of home care with the broader child protection, health, welfare and education systems suggests that improvements in out of home care are contingent upon the alignment of out of home care with these other key systems (Morton et al, 1999; Meadowcroft et al, 1994; Fisher and Chamberlain, 2000; Dollard et al, 2005; Department of Human Services, 2003; 2007b; Campbell, 2007; Bromfield and Holzer, 2008).

Reiterating this point, the Victorian Auditor General argued that the Department of Human Services' emphasis on "responsive or emergent" planning processes rather than "rational or intentional" whole of system reform (including child protection) has, in most cases, failed to bring about significant or sustained systemic changes. Two contributing factors to this included a failure to recognise alternative care as a system within the wider child protection system and secondly, a lack of comprehensive forward planning and effective and strategic resourcing of the system (Auditor-General, Victoria, 2005).

Significantly, the Auditor General criticised the Department for failing to take into account how to understand and if necessary build the capacity of service providers in the out of home care sector to deliver the outcomes expected of the reform. In addition, he identified the need for the state government to provide adequate funds to ensure that the commitment to the reform was sustained even in the face of inevitable future pressures on

the child protection system. These two issues have continued to plague the reform outcomes in out of home care in Victoria.

It is on this basis that we propose an effective out of home care system is one that:

- ensures that all children and young people are safe and that their needs are identified and addressed within a developmentally appropriate timeframe;
- ensures all decisions are in the Best Interest of the child;
- is developmentally focused, trauma informed and evidence based;
- respects the Aboriginal Child Placement Principle;
- maintains connections between children, young people and their families;
- seeks the views of children and young people in the decisions that effect their lives;
- is transparent and subject to independent reviews; and,
- systematically researches the outcomes for children and young people.

Thus the key drivers of outcomes must include:

- the extent to which the system is child centred;
- effective case planning and service coordination occur across the out of home care, child protection, mental health and education systems;
- alignment of Government reform in related areas of policy and practice;
- the extent to which the environments the child experiences are therapeutic and allow for healing;
- timely access to specialised therapeutic services;
- quality of carers and the extent to which they are trained and supported;
- trust, openness and respect of all partners to the care plan for the child or young person;
- quality assurance and independent review processes; and,
- commitment to research and evidence based practice.

Some have argued that effective out of home care relies on both the calibre and expertise of the foster family and the quality and effectiveness of the surrounding support system (Gurney, 2001; Campbell, 2007). Critically, others suggested that to overcome the risk of out of home care becoming 'moribund and unviable' (Maluccio and Ainsworth, 2006), there has to be further development of theories and practice models in this area (Cairns, 2002; Berridge, 2005; Sinclair et al, 2005).

The role of carers is critical to the achievement of placement stability and successful outcomes for children in care. As such, foster parents and other carers require adequate recognition, respect, support and training in order that they are sufficiently resourced to perform this role. Research has shown that strategies to address these needs must be integrated and supported by theoretical frameworks, principles and processes that ensure all carers and key stakeholders are respected and arrive at a shared ethos and approach to understanding and responding to the needs of traumatised children in care.

What is the best practice benchmark for each aspect of care where National Standards could be set?

The inclusion of recent developments in the evidence base about the neurobiology of trauma in National Standards offers the opportunity to reshape children and young people's experiences of out of home care support outcomes aimed at more effectively meeting their emotional, psychological, developmental and relational needs. The following benchmarks are recommended within this context.

Children and young people in out of home care need to be supported so that they experience belonging and place – Out of home care services deliver more than placements and accommodation. They provide children and young people with opportunities to connect with adults and other children through which the relational resonance leads to the resolution of trauma. This benchmark requires the direct sourcing of feedback from children and young people about their experiences of care in supporting them to feel that they belong to a family and a community.

Children and young people in out of home care need to be protected from further abuse and exploitation – Children and young people should not experience abuse and harm when they are placed in out of home care for their own protection. This standard will be measured by the ways in out of home care services have implemented effective Safeguarding Children policies and procedures, the number and scope of abuse in care allegations and the ways in which allegations of abuse in care are identified, investigated and responded to.

Children and young people in out of home care must be provided with placement stability – Children and young people who have experienced trauma need experiences of relationships which are consistent and predictable. This is a key measure of the success of the child protection and out of home care system. Placement stability indicators will evaluate the overall effectiveness of state systems to deliver effective networks of protection and the provision of reparative experiences for children and young people.

Children and young people in out of home care must experience a reduction in trauma based stress – Children and young people in out of home care have experienced trauma and relational disruption. Their functioning and development are compromised. The capacity of the out of home care and child protection systems to deliver environments aimed at reparative intervention for children and young people is an important benchmark of effectiveness.

Children and young people in out of home care must be supported to achieve normative developmental milestones – Children and young people's developmental trajectories are disrupted as a result of trauma. Research is clear that effective intervention should focus on moving children and young people towards the provision of care and relational experiences which are consistent with their developmental functioning rather than their chronological age. The National Standards should comprise measures of progress in out of home care that enable children and young people to be assessed against their normative developmental stage. Positive developmental resolution would be demonstrated by the degree to which children and young people in out of home care are functioning within a normative range of key developmental milestones.

Children and young people in out of home care require access to specialist resources – Children and young people in out of home care need to be supported by timely and high quality specialist health, psychological, and educational intervention according to their needs. Too often out of home care placements fail because children and young people are not provided with additional support aimed at addressing immediate and long term developmental needs. This benchmark would include measures of timeliness and effectiveness of the resources provided.

Children and young people in out of home care must be subject to effective coordination and integrated case planning – The effectiveness and quality of out of home care systems is reliant on the capacity of the child protection system to deliver coordinated, planned and responsive decision making in relation to children, their carers and their networks of support. This standard will be measured by availability of care plans for each child or young person in out of home care that define and integrate the role of each stakeholder.

Children and young people in out of home care need to be supported to develop and experience positive social networks – Children and young people require a range of positive relationships with peers and adults in a variety of settings. Out of home care services should have a focus on facilitating opportunities to develop and/or extend positive social networks for children. This standard will examine the quality, consistency and scale of children and young people's networks of relational support.

Children and young people in out of home care need to be supported to be positively engaged with an education program and/or school – it is acknowledged that quality education experiences for children and young people in out of home care lead to a range of developmental benefits. This standard should be measured by school attendance, school or education program participation, school performance and school leaving age.

To whom should the National Standard apply (carers, community organisations, government)? Why? Should there be different expectations in relation to the National Standards for Out of Home Care services, depending on the form of Out of Home Care support provided? If so, how do you see such a system working?

The National Standards should be differentially applied to all key stakeholders to the child or young person's experience in out of home care, regardless of the form of care that is provided. The stakeholders include carers, non government and government out of home care services, State Departments of Health and Human Services, State Departments of Education, State Departments of Child Protection (or equivalent), and State and Commonwealth Governments.

The National Standards should not be restricted to any one stakeholder group because the delivery of effective out of home care experiences for children and young people requires the multiple systemic interface of a network of responsible adults, organisations, Government Departments and Governments themselves..

Each of the standards should identify the responsibilities of each stakeholder and the measures to be used to evaluate performance.

How should the National Standards for Out of Home Care be monitored and measured?

The standards need to be developed and monitored in relation to the differential needs of children and young people according to their stage of development. This banding approach would encourage the evolution of the out of home care and child protection systems towards more sensitive responses to children and young people according to their developmental needs.

For example, the nationally agreed Headline Indicators for Children's Health, Development and Wellbeing as a preliminary set of indicators should be benchmarked against general population data. As these indicators are for children aged 12 and under a new set of indicators would need to be developed for adolescents.

In addition, new benchmarks need to be constructed based on the standards recommended in this submission.

Clearly, children and young people deserve a transparent and accountable system of care and protection. An independent National Children's Commissioner reporting directly to the national parliament is the only structure that would enable a rigorous framework of monitoring to be implemented and advanced.

The National Children's Commissioner should oversee and be resourced by a legislative based National Child Protection Inspectorate to regularly inspect, audit and review the effectiveness of all state run children's services, child protection systems and out-of-home-care.

Conclusion

It is clearly acknowledged that many children and young people are failing in Out of Home Care Systems around Australia. The one option that is not available is to do nothing. Repeated flaws and systemic inadequacies must be turned into creative and effective new approaches. The establishment of National Out of Home Care Standards with an independent mechanism for rigorous review is crucial in delivering protection and reparative intervention to children and young people who have experienced abuse and neglect related trauma.

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Professor Chris Goddard has worked extensively in social services in the UK and child protection in Australia. His research career started in the child protection team at the Royal Children's Hospital, Melbourne where he undertook some of the earliest work connecting child abuse and other forms of family violence. His research into child deaths led to an Age series and a Four Corners ABC TV investigation into child protection in Victoria. He was Head of the School of Social Work at Monash University from 1998-2007. He established Child Abuse Prevention Research Australia, a joint initiative with the Australian Childhood Foundation and Monash University, and is now its full-time Director. His published books include *In the Firing Line* (Wiley, UK) with Janet Stanley published in 2002 and *The Truth is Longer than a Lie* with Neerosh Mudaly published in 2006. His latest book, with Linda Briskman and Susie Latham, *Human Rights Overboard: Seeking Asylum in Australia*, (Scribe, 2008) has won the Australian Human Rights Literature Non-Fiction Award. He can be contacted by email at Chris.Goddard@med.monash.edu.au.