



For more than 20 years, the Jack Brockhoff Foundation has sponsored talented and passionate Churchill Fellows as they strive to improve the health and well-being of all Victorians

A generous sponso

"We make a living by what we get but we make a life by what we give!"

Sir Winston Churchill



For many years now the Churchill Trust has welcomed sponsorships from organisations and individuals who wish to support the work of the Trust and the legacy of Sir Winston Churchill.

The Jack Brockhoff Foundation has been generously sponsoring Victorian Churchill Fellowships annually since 1996.

Over the past 20 years, The Jack Brockhoff Foundation has enabled passionate and talented individuals to gain new understandings abroad which have had a positive demonstrable social impacts on Australian communities.

The Brockhoff sponsored Churchill Fellowship aims to support younger applicants from Victoria working in the area of social disadvantage including disability or in health and medical practice, particularly if there is a benefit to rural or regional areas; and especially if the outcome of the Fellowship will benefit as many people in need in the community as possible.

Sponsorship has been a worthy investment, as the Fellows' drive and knowledge continues to grow, well beyond their Fellowship travels, to improve the lives of many Australians.

Sir Jack Brockhoff was Chairman and Managing Director of Brockhoff Biscuits Pty Ltd and later, Arnott's Biscuits Ltd. His success enabled him to become one of Australia's most significant philanthropists.

In 1979 Sir Jack established the Foundation which bears his name.



Showcasing the positive impact of the Jack Brockhoff Foundation Churchill Fellowship









Healthy citizens are the greatest asset any country can have

Sir Winston Churchill

The rate of chronic disease is increasing in Australia.

Physiotherapy plays a vital role in the prevention and management of chronic disease through education and exercise.

Physiotherapy emphasises preventative care and saves billions of healthcare dollars, easing the pain of countless people and making them both more independent and resilient.

Churchill Fellows are contributing to healing and maintaining the health of Australia's 'greatest asset'.

Sophie Heywood is an aquatic physiotherapist specialising in managing knee osteoarthritis. Water offers the obvious advantage of buoyancy for this and other painful conditions. Patients can painlessly do reduced-weight-bearing exercise for strengthening and the water enables them to do more than would be possible otherwise. Water allows a wide spectrum of exercise intensities, whichever level is appropriate for each patient.

Sophie's Churchill Fellowship in 2008 enabled her to investigate innovations in aquatic physiotherapy in the management of chronic diseases. She visited leading centres in Switzerland, Belgium, the United Kingdom and the United States. Each country had a different approach and a variety of techniques.

After Sophie's return these approaches were added to both the foundation and advanced levels of training courses by the Australian Physiotherapy Association. These courses have had excellent feedback over many years and they allow physiotherapists all over Australia to provide the best care possible for their patients.

As many Churchill Fellows have discovered, contacts in their field abroad are just as interested in Australian methods as we are in theirs. Since returning to Australia, Sophie has been involved in an international collaboration of Aquatic Physiotherapists through Aquatic Physiotherapy International, including sharing resources and offering advice to aquatic physiotherapy services overseas. Sophie was recently involved in contributing to guidelines for safe and effective aquatic therapy practice in India and setting up a new hydrotherapy service in Singapore.



Every year, despite the best efforts of health professionals, thousands of patients in Australia suffer, and many die, from preventable problems and medical errors. However, when patients and their families are permitted to participate actively in every aspect of healthcare (that is, patient-centred care), and when staff treat each other with respect, many of the problems leading to these detrimental results are avoided. This fact makes patient-centred care and good communication central to a safer culture within the healthcare system.

Catherine explored patient-centred healthcare and its impact on patient safety on her 2009 Churchill Fellowship, visiting hospitals in the United Kingdom, Ireland, Canada and the United States.

Traditionally, the patient has a passive role at the base of the hospital hierarchy. The alternative approach of patient-centred care engages patients as an integral part of the healthcare team and recognises the expertise they and their families bring. Patients and families can often identify problems and see solutions to them that staff might be too busy to perceive. In the parlance of the profession, 'patients have a place at the table'.

Patient-centred care demonstrably improves outcomes for everyone involved. For instance, at the Medical College of Georgia there was a sustained drop of over 60 per cent in medication errors when patient-centred care was introduced in 2002.

Another pivotal aspect of Catherine's Fellowship was her meeting with Dr Lucian Leape at Harvard who stated "the next big challenge for patient safety around the world is how staff treat each other".

Becoming a Churchill Fellow gave Catherine credibility in the emerging concept of patient-centred care and led to many public speaking and advisory roles in the medical sphere, to government agencies and universities.

Before being awarded her Fellowship, Catherine had established two organisations, one in 2000 called Hush, focusing on producing highest quality music for use in hospitals to evoke calmness and optimism, and the other in 2009, a National patient-centred care body, called The Australian Institute for Patient and Family Centred Care (AIPFCC).



The two organisations grew substantially and in 2016 they merged into one not-for-profit body, The Hush Foundation. The Hush Foundation www.hush.org.au now works on a national scale to transform healthcare culture and environments through the arts. Hush has commissioned 16 albums of new Australian music specifically for healthcare applications, though the music is now also very popular with the general public. There is also a *Children's Treasure Book* to engage children who are waiting for treatment.

Based on her Churchill research on staff culture and behaviour in healthcare Catherine worked with renowned playwright Alan Hopgood AM to produce the health play *Hear Me* which has been performed over 130 times in hospitals Australia wide and internationally. This play highlights many of the issues detailed in Catherine's Churchill report, namely patient-centred care, staff behaviour, communication and patient safety, and it is having continuing positive impact in hospitals.

The play is now a fixture in some university medical curricula. Leading on from the audience feedback at the play, Catherine has developed a Gathering of Kindness event to encourage discussions about a 'kind' health system as a way to improve culture and reduce bullying behaviour that can lead to errors, increased costs and poor patient and staff satisfaction. A second play called *Do You Know Me?* covers topics related to aged care.

In 2015, Catherine was made a member of the Order of Australia for services to Medicine, to community healthcare standards and to the Arts.

Catherine's Fellowship was an enormously rewarding experience for her, and has enabled significant and measurable improvements and culture change in Victoria and the nation.







I loved seeing what others were doing and learning from them. It was inspiring and motivating!"

A Churchill Fellowship gives recipients the rewarding opportunity to change lives for the better. **Dr Susan Palmer's Fellowship on the needs of adolescents and young adults who have been diagnosed with cancer** enabled her to directly influence state policy in this area.

Adolescents and young adults have very different educational and emotional needs from the older patients with whom they are often grouped. When Susan Palmer was awarded her Fellowship, in 2007, the oncology team that she was a member of was the only adolescent and young adult multi-disciplinary team in Australia.

The world's leading teams in this area were based in the United Kingdom and the United States so Susan travelled to these places to learn from the best. 'The Churchill Fellowship enabled me to meet international leaders in the field and to bring that knowledge I had gained back to Australia to support our continual growth and improvement,' Susan writes in her report. 'Contacts and friendships I made while travelling have endured enabling the sharing of ideas to continue long after the Churchill Fellowship ended.'

The timing of her Fellowship was perfect because, serendipitously, when she returned, federal and state governments gave \$15 million to improve oncology care for this vulnerable adolescent and young adult group. Susan was asked to share the lessons she had learned on her Fellowship with the newly appointed psychologists and young adult teams across Australia. She was then commissioned to coordinate the development of Australia's first adolescent and young adult oncology psychosocial screening and assessment tool and its first psychosocial clinical guidelines for the same group. 'All of these projects,' said Susan, 'now a vital part of practice today, were informed by the knowledge and contacts gained during my Fellowship.'

Susan knew that people in crisis were finding it difficult to manage on their own and wanted to do something to help. She founded the online platform **GatherMyCrew**, launched in June 2017, which links people in crisis to their own network of friends and family to receive the practical support they need to get through tough times. This means that parents of an adolescent with cancer can now easily coordinate help to collect other children from school, arrange a meal roster or have someone come by to mow the lawn.

Susan also found, like many Churchill Fellows, that gaining knowledge and new techniques can be a two-way street: 'Spending time with overseas peers doing amazing work lifts your game,' she writes. 'We were already doing fabulous work in Australia but we got new ideas from our overseas colleagues — as they did from us. I couldn't wait to get back home and apply the lessons learnt.'



My Fellowship came at a pivitol time in my career and has really influenced all I have done since!

Associate Professor Jane Munro, who works at Melbourne Royal Children's Hospital, was in her final year of Paediatric Rheumatology training when her 2004 Fellowship enabled her to visit the world's best clinical centres in this specialisation.

During her travels to the United Kingdom, the United States, Canada and Sweden, Jane observed innovative methods of preparing and caring for children undergoing medical procedures, which diminished the children's pain.

Jane's Churchill Fellowship led directly to two opportunities to make improvements in this area; a National Institution of Clinical Studies Fellowship (from the NHMRC) to study quality improvement and procedural pain management; and to her PhD, on studying the impact of the Comfort Kids procedural pain management program across the Royal Children's Hospital.

Jane outlines the 'cascading effect of being awarded a Churchill Fellowship — it was truly life-changing! This is both in terms of the ability to step outside of Australia and visit the leading hospitals internationally as well as make links with other clinicians and researchers that I maintain today, fourteen years on.'

Jane completed a Masters in Public Health in 2006 and will complete her Masters in Health Service Management in 2018.

The Fellowship, writes Jane, 'continues to influence my practice every day as we work to improve how we care for children in pain.'





When a parent with young children is diagnosed with cancer, the developmental milestones of those children can be delayed. If they are too young to understand it can be difficult and stressful for them to try to come to terms with changes or to deal with their feelings of distress. As **Dr Cynthia Holland** puts it in her eloquent Churchill Report, 'they can be overwhelmed by feelings they can neither understand nor express.'

On Cynthia's 2009 Churchill Fellowship, she evaluated overseas services helping children to come to terms with the detrimental effects of a mother's diagnosis of life-threatening gynaecological cancer. Cynthia visited leading centres so that she could return with strategies to improve services in Victoria and nationally.

At the time there were few comprehensive, hands-on resources for families in this situation and minimal professional help to assist parents to tell their children and reassure them or to help them come to terms with a potentially mortal illness. Without an informed strategy, the negative impact of this will be manifested well into and beyond childhood. Children need a repertoire of healthy coping skills and these can be taught.

Cynthia's Churchill Fellowship enabled an extensive and invigorating exchange of ideas with many innovative American educational, medical and academic institutions, including Cancer Care New York (NYC), The Good Grief Program (Boston) and Harvard University Graduate School of Education (Cambridge).

This led to improvements in the My Kite Will Fly program, which was later piloted and clinically evaluated in a 2010-2015 Melbourne major metropolitan hospital study that tested the therapeutic interventions available to 19 families (36 children) who attended the program.

Harvard University recognised Cynthia's outstanding leadership in the field, and invited her to participate in their 2012 Harvard University Advanced Leadership Initiative. Cynthia was the first Australian ever to be invited and this provided another springboard for academic and business exchange and mentorship. It also enabled better clinical implementation of the My Kite Will Fly methodology into Australian cancer treatment settings.

The opportunity offered by Cynthia's Churchill Fellowship was an important step in Cynthia's quest to provide better care to vulnerable children living with life-threatening parental cancers. The Fellowship offered her access to international expertise to help Australian children bounce back from and eventually thrive after losing a family member. These children too are the enduring beneficiaries of the Brockhoff sponsored Fellowships.





I now feel part of an international network of people working to address these issues, which is truly amazing'

Eleanore Fritze is a mental health and disability rights lawyer and her 2014 Brockhoff sponsored Churchill Fellowship explored how lawyers can best protect the human rights of people with disabilities who are detained in closed environments for compulsory treatment. She interviewed almost 50 people in the United States, England and Hungary, including lawyers, academics, psychiatrists, judges and people with experience of compulsory treatment. She also visited hospitals, observed court hearings and attended conferences.

The stark differences between the limited availability of legal services in Victoria and the situation in New York and England were some of the most striking observations from her research. She also discovered the necessity of strengthening the human rights culture within services, the importance of collaboration to achieve systemic change and truly valuing the unique perspective and expertise of people with lived experience of the issues at hand.

The Churchill Fellowship was, according to Eleanore, 'a unique opportunity for me to take time out from my busy, day-to-day work to learn, travel, connect with others and reflect on the big issues confronting our field.' She writes in her report that it opened doors and gave her access to the people she needed to meet for gathering information essential to her research.

Afterwards, Eleanore's employer created a new role for her within the team to increase and lead their strategic advocacy work. This work aims to improve laws and practices that have a detrimental impact on a cohort of people, rather than just individuals, which enables her team to make a broader impact with their limited funding and help to protect the rights of more people with disabilities who may not have been able to connect with a lawyer directly. Other recommendations from her report have also been taken on board by her employer or are being explored in developing better ways they deliver services to clients.

Eleanore has presented her findings from the Fellowship research to many people in the sector, locally and beyond. This has created opportunities to engage in constructive dialogue about important issues affecting people with disabilities in these settings and her report provides evidence for making the case for change.

Reflecting on her Fellowship experience, Eleanore appreciated 'the enduring connections and relationships that it created.' She goes on to write: 'I now feel part of an international network of people working to address these issues, which is truly amazing.'





My 2011 Fellowship explored advocacy strategies to prevent obesity in Australia.'

As the Executive Manager of the Obesity Policy Coalition (OPC), Jane Martin wanted to develop the skills and knowledge to accelerate government action on obesity prevention in Australia. The OPC is a partnership of public health groups and advocates for policy and regulatory reform to prevent obesity in the areas of marketing, pricing and labelling.

She found more similarities than differences when exploring the facilitators and barriers affecting the fight to protect children's health and mitigate obesity. This is because there are powerful vested interests lobbying against effective policy, led by the ultra-processed food industry.

Countering this is made more difficult by a lack of consensus and willingness by the public health community to take on these influential interests. One area where Jane saw she could effect change was building consensus with key public health groups about policy actions for the Federal Government. She worked with colleagues to establish a Steering Committee and oversaw a review of global recommendations to prevent obesity.

The national blueprint they developed has been endorsed by more than twenty national groups and was launched in August 2017 together with a continuing advocacy campaign.

Jane has made progress in making her recommendations a reality, ensuring that the Brockhoff investment improves the health of all Victorians, especially children. She has developed new partners and focussed on community engagement, such as being an outreach partner with *That Sugar Film*.

Media advocacy remains a key focus of her role. With her growing public profile she is able to shine a light on the issue of childhood obesity as a serious public health problem and frame solutions in line with global, best practice recommendations. Jane has continued to build support for policies, particularly with the medical profession. She collaborated with the Council of Presidents of Medical Colleges (CPMC) to encourage support of obesity prevention.

This resulted in the CPMC adopting the policy of a tax on sugary drinks and a call for the medical profession to do more in their sphere of influence to make healthy foods more available in places such as hospitals.

The Churchill Fellowship enabled Jane to connect and learn from organisations and individuals who put the health of children ahead of corporate profit-making. She has been able to use these lessons and continues to collaborate with many of them since her Fellowship.



Haptics is communication by touch. As deaf-blind people are now accessing higher levels of education and more community events and activities, the need for interpreters is growing.

Dr Dennis Witcombe's 2009 Brockhoff sponsored Churchill Fellowship was to advance communication methods for the deaf-blind community by means of haptics.

Dennis is an interpreter with the deaf-blind at Able Australia in Melbourne, which offers respite services, art therapy, community support, workshops on topics such as mental health and human rights, and of course interpretation services. It is also a drop-in centre and clients can learn computer skills as well.

Dennis's Fellowship, which was 'exciting and informative', enabled him to visit relevant centres in Finland and the United States. He writes: 'Everyone I met on my Fellowship swung open their doors and was extremely welcoming, allowing me many opportunities to observe and to learn anything I needed.'

Dennis visited inspiring places, such as Finland's deaf-blind centre in Tampere, which provides rehabilitation services plus courses and occupational therapy. Members of the deaf-blind community are able to live there for as long as they want.

There are 40 such centres in Finland, serving 180 deaf-blind people. In contrast, Australia has one such organisation, providing services at this level, for 15,000 deaf-blind people.

Another highlight for Dennis was the Lighthouse for the Blind in Seattle, which employs people with various levels of deaf-blindness and holds interpretation classes.

'It was inspiring to see the passion and enthusiasm on the faces of those involved,' writes Dennis in his inspirational report. He gained information on his Fellowship that 'can be used to develop deaf-blind services in Australia to a new level.'





I am so grateful for the amazing opportunity afforded by the support of the Brockhoff Foundation.

Simone Griffin

Simone Griffin is another whose Brockhoff sponsored Churchill Fellowship changed her clinical thinking and practice. Her 2005 Fellowship was to explore speech pathology techniques for children with autism (ASD).

Simone learned the importance of providing flexible services and to ensure that they can change, as an individual's needs change. Having accumulated hundreds of practical ideas, activities and resources that will make her a much better speech pathologist working with children with ASD.

Robin Harwood and **Fiona Stevens** are examples of other Brockhoff sponsored Churchill Fellows whose opportunities led to enduring improvements in their fields.

Robin Harwood examined overseas employment strategies for disabled people on his 1999 Fellowship. The lessons he learned influenced policy in this area, proving correct his prediction that 'Information gained will have a positive impact on the disabled for years to come.'

Policewoman Fiona Stevens, whose 2002 Fellowship explored domestic violence strategies, echoes the feelings of Simone Griffin, Robin Harwood and many other Brockhoff sponsored Churchill Fellows when she writes in her 2002 report on a strategy to combat domestic violence, 'The Fellowship is only the beginning!'





Every child has a right to a happy and healthy childhood filled with memories that will build their resilience for future life challenges.

Anita Pell reminds us that 'every child has a right to a happy and healthy childhood filled with memories that will build their resilience for future life challenges.' If they do not get this chance with their birth families, foster carers can play a vital role in their physical and emotional healing and growth.

Anita believes that there needs to be large-scale reform in Australia's foster care systems. Australia, as in some other countries, has seen a growing need for foster carers combined with a diminishing number of people willing to do it. Anita's Churchill Fellowship was in 2008 on this complex topic.

Anita travelled to the Republic of Ireland, the United Kingdom and the United States to see what strategies overseas jurisdictions used to manage the sometimes difficult issue of recruiting and retaining foster carers.

On her return Anita worked with the University of NSW on a comprehensive report advocating for the reform of the foster care system in Australia.

Anita developed a model for a Professionalised Foster Care System and has presented this model to a wide range of decision makers and practitioners across Australia in her quest to bring about change. She has had particular success in improving the training and supervision of foster carers, and she is currently working to create better support networks amongst carers.

As a result of her Fellowship she has been able to make great strides towards developing a more professional foster care system in Australia that will create better results for children in care.



It was fantastic, really useful and changed the way I think in terms of understanding the legitimacy of what I wanted to achieve.

Dr Adrian Dunlop's 2005 Fellowship took him to the United States and Canada, as well as France, the United Kingdom, Austria, Sweden and Norway. He wanted to learn about methods to improve the healthcare of heroin-addicted mothers and their babies.

When he was awarded the Fellowship he was just beginning his journey to improve the health and the lives of this disadvantaged group of people and he says that the contacts he made in the United States, the United Kingdom and elsewhere were crucial to his thinking about how to improve policy and how to advance the science to develop better clinical treatments. These concepts have further developed over the following years. The people he was able to meet were the key international players and pioneers in this field and they taught him a great deal.

His goal became to have the highest proportion possible of people with drug and alcohol problems be able to access evidence-based treatment since this was clearly the most effective policy. However, he points out, in the addiction field what happens is not always what is based on strong evidence.

Adrian says that the Fellowship was 'fantastic, really useful, and changed the way I think' in terms of understanding the legitimacy of what he wanted to achieve. It also gave him the time to reflect about his precise goals about what he wanted to do and why. The contacts he made led to many visits from overseas experts to exchange information that significantly contributed to the growth of this field in Australia, and this continues today.

Afterwards he became head of Turning Point Alcohol and Drug Centre, Fitzroy and is now Chief Addiction Medicine Specialist with New South Wales Health, Director of Drug and Alcohol Clinical Services with Hunter New England Health and Conjoint Professor at the University of Newcastle in the School of Medicine and Public Health.

Adrian was a lead author on the New South Wales Clinical Guidelines for the Management of Drug Use in Pregnancy, Birth and Postnatal Period. He has provided policy advice to the NSW Ministry of Health in the recent funding enhancement (\$6 million a year for four years, initially) of clinical services for this group and their children. He continues to be involved in clinical research studies to develop better evidence on treatment for these populations.



Children living through family breakdown, abuse, trauma or homelessness often struggle in school, without getting the guidance or support they need. Some drift out of education and into crime, eventually landing in youth detention or in prison as adults.

This tendency is borne out in statistics, including the stark fact that the proportion of adults in Victorian prisons who have finished high school is six per cent. 'Keeping kids in school and out of court' was the focus of Jackie Anders's 2015 Brockhoff sponsored Churchill Fellowship. From her work as Program Manager of the Education Justice Initiative, with the Victorian Education Department, Jackie knows that education is a powerful protective factor against involvement in crime. Her travels reinforced this view.

Jackie found that Denmark and Scotland have long-enduring models of collaboration between education, justice and welfare systems, resulting in excellent, measurable progress in youth development and crime prevention.

Ultimately, as Jackie points out in her Fellowship report, our education, youth, justice, welfare and law enforcement all serve the same children and a common goal: developing young people into healthy, happy, productive adults. After witnessing successful examples in the United States, the United Kingdom and Denmark, Jackie returned to recommend the implementation of some of the successful practices she had seen overseas.

As she writes in her report, 'By shining a light on good practice in other countries,' she hopes her Churchill Fellowship can help to improve Victoria's responses to vulnerable young people.

In her role with the Education Department, Jackie is in an excellent position to promote positive change and has already shared her findings with leaders in the youth justice and education sectors.



Ms Amanda Pagan [2016]

To investigate the success of outcomes based contracting in disability services - UK, Ireland, New Zealand, Sweden

Mr Edward Tudor [2016]

To investigate programs that support the transition of young Indigenous or disadvantaged people to mainstream education - New Zealand, USA, Canada, Finland

Ms Jacqueline Anders [2015]

To investigate effective approaches to re-engaging youth offenders with education - Denmark, UK, USA

Ms Deanne Riddington [2015]

To build upon the pilot Aboriginal Graduate Nurse Program at St Vincent's Hospital -New Zealand. USA. Canada

Dr Nadine Brew [2014]

To investigate medical research commercialisation and innovation initiatives - USA, Germany and Singapore

Ms Eleanore Fritze [2014]

To better protect the human rights and dignity of people with disabilities, who are detained and subjected to compulsory treatment in closed environments, through the use of innovative legal services - USA, UK, Hungary

Dr Marilyn Di Stefano [2013]

To examine advances in vehicle technology/rehabilitation applications to enable independence for drivers with disabilities - UK, Sweden, Italy, USA, Japan

Associate Professor Erica Wood [2013]

To establish a collaborative clinical research program in patient blood management - USA, UK, Spain, Switzerland

Dr Peter De Cruz [2012]

To study the assessment and optimal management of intestinal failure - UK, Belgium, Spain

Dr Jillian Rodda [2012]

To examine new methods for designing, aligning and tuning orthotic footwear combinations for children with disabilities - Denmark. UK. USA

Ms Jane Martin [2011]

To study advocacy strategies to encourage government to adopt evidence-based policies to prevent Australians becoming overweight and obese - USA, UK

Dr Grace McQuilten [2011]

To study creative social enterprises that improve outcomes for refugee youth - USA, UK, Cambodia, Uganda, Ghana

Mr Dennis Witcombe [2010]

To research advanced communication for the deaf-blind community - USA, Finland

Dr Catherine Crock AM [2009]

To investigate the benefits of family involvement in effective healthcare by examining patient and family centred care models - USA, Canada, UK

Dr Cynthia Holland [2009]

To gather data related to established children's programs catering for members of households significantly affected by either chronic illness or trauma in a parent - USA

Dr Anne Holland [2009]

To discover new ways to deliver Pulmonary Rehabilitation for Australians with chronic lung disease - UK, Norway, Spain, Canada



Ms Sophie Heywood [2008]

To study innovations in Aquatic Physiotherapy in the management of chronic diseases - Switzerland, Spain, Belgium, UK, USA

Ms Anita Pell [2008]

To study the recruitment and retention of foster carers - Ireland, UK, USA

Ms Karen Roberts [2008]

To study current advances in rehabilitation services for upper limb amputees - USA, UK, Sweden

Dr Susan Palmer [2007]

To improve age-specific care for adolescent and young adult cancer patients - $\mbox{\sc UK}.$ USA

Ms Yvonne Singer [2007]

To study burns surveillance, prevention and management - USA

Mr Stephen Gianni [2006]

To investigate models of leadership development for people with disabilities - UK, Ireland, Germany

Dr Vincenzo Mercuri [2006]

To study Magnetic Resonance Imaging (MRI) screening programs for breast cancer detection in women at high risk - USA $\,$

Ms Vicki Trethowan [2004]

To investigate procedures identified by school principals, teachers and welfare staff when supporting and assisting school community members with recovery following a significant traumatic event - USA, UK., Norway

Dr Jane Munro [2003]

To evaluate and compare several centres with different models of multidisciplinary paediatric pain units with a view to improving local Victorian paediatric pain services - USA, Canada, UK, Sweden

Mrs Fiona Stevens [2002]

To assess the aims, methods, successes and problems of the "Repeat Victimisation (Sexual Assault & Domestic Violence) Task Force" - UK

Mr Ben McMurtrie [2002]

To investigate the current trends and advancements in orthotic management of paediatric cerebral palsy - USA, Canada

Mrs Elizabeth Symons [2001]

To undertake an intensive bowel continence nursing course and to observe programmes and research in incontinence management – UK

Ms Gina Fiske [1999]

To study the benefits of Communities That Care (CTC) programmes for reducing adolescent problem behaviours - USA, UK

Ms Shelley McDonald [1998]

To investigate programmes for young people with psychotic disorders - UK, USA, Netherlands, Norway

Ms Henrietta Law [1996]

To investigate the latest advances in physiotherapy to rehabilitate burn victims - USA, UK, $\mbox{Denmark}$

The Winston Churchill Memorial Trust was formed in 1965 with the principal objective of perpetuating and honouring Sir Winston Churchill's memory by the awarding of 'Churchill Fellowships'.

Churchill Fellowships provide opportunities for Australians from all walks of life to travel overseas to conduct research in their chosen field that is not readily available in Australia.

They also reward proven achievement of talented and deserving Australians with further opportunity in their pursuit of excellence for the enrichment of Australian society.

The Churchill Trust's success is directly attributable to the achievements of our Fellows – over 4,100 of Australia's best and brightest. Their projects are extremely diverse, invariably innovative and are the result of extra endeavour in the search for excellence. These are the hallmarks of a Churchill Fellow.

No prescribed qualifications are required to apply for a Churchill Fellowship and the project topic is limitless provided a benefit to Australia is evident and a willingness to share the research findings with the Australian community is displayed.

Churchill Fellowships are prestigious awards that are generously funded to support overseas travel for 4-8 weeks and includes airfares, accommodation and living expenses.

It is important to realise that Churchill Fellows themselves are ordinary Australians - with extraordinary abilities and aspirations. A glance through our list of Fellows will confirm this as will the topics of their Fellowships.

Remarding Australians Striving for Excellen The Winston Churchill **Memorial Trust** GPO Box 1536

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