

tweedle

child + family health service

Parenting Services

In Home Support

Research

Psychology Services

Community Services

**Winds of
Change**

Annual Report 2010-2011

About Tweddle



Our Vision

Happy, healthy families raising children with the best chance of positive early childhood development in a supportive family environment.

Our Mission

Our mission is to provide parenting support and education to families residing in the north west of Melbourne and Victoria with children aged 0-4. Families admitted for services will feel supported in their endeavours to be better parents and to cope well with the demands of parenting. They will receive services that are accountable, responsive to research, evidence-based and subject to national accreditation.

As a result of our work, families will:

- Acquire sound parenting skills
- Develop parenting confidence
- Enjoy the parenting experience
- Improve early childhood development
- Enhance family relationships
- Connect to support networks in their local communities



Our Values

- Family focus
- Cooperation and openness
- Respect
- Treating people equally
- Community connectedness
- Creativity and learning



Service Summary

Tweddle is an early intervention and prevention health service providing therapeutic support services to young families. Our highest priority is to provide assistance to families facing multiple challenges and in urgent need of support.

Such multiple challenges can include sleep deprivation, feelings of being unable to cope with the demands of parenting, chronic illness, mental illness, disability, addiction, isolation, inexperience, lack of family support, family instability and violence, post natal depression and the complexities that can arise from financial stress, age, ethnicity and other factors.

Our Services

A publicly-funded early parenting centre, Tweddle provides a range of services to families with children up to 4 years of age. Services are delivered in partnership with other organisations or directly in the community.

Tweddle services include:

- Intake and admission telephone consultation
- Residential parenting programs
- Parenting assessment and skill development service for child protection clients
- Outreach/in-home support services
- Psychology services – group and individual support and counselling
- Social support services
- Community-based day programs
- Tweddle@Home - an in-home parenting service
- Therapeutic support including group programs
- In-home breastfeeding support
- Parenting support for families with children with special needs
- Parenting advice and support
- Advocacy on key parenting issues facing families in our community



Key Partners



Action Words	Melbourne Remand Centre
The Austin Hospital, Parent Infant Research Institute	Melton Shire Council
Australian Association of Parenting and Child Health Inc	Mercy Health O'Connell Family Centre
Baptcare Family Services	Ngala Family Services, Western Australia
Best Start - Brimbank, Maribyrnong, Melton, Wyndham	North West District Health Service
Brimbank City Council	North Western Welfare Alliance
Centre For Excellence in Child Welfare	Northern Health
Dame Phyllis Frost Centre	Orana Family Services
DASWest	Parenting Research Centre
Department of Education and Early Childhood Development	PivotWest
Department of Families, Housing Indigenous and Community Services and Indigenous Affairs	Port Phillip Prison
Department of Human Services including Child Protection Services	Queen Elizabeth Centre
Djerriwarrh Health Services – Melton Health Service	St John of God Hospital Geelong – The Raphael Centre
ECMS Ltd	Radno Pty Ltd
Hobson's Bay City Council	R E Ross Trust
Hume City Council	RMIT
Ian Potter Foundation	Royal Children's Hospital – Centre for Community Child Health
ISIS Primary Care	Royal Women's Hospital
The Jean Hailes Foundation – Monash University	The Smith Family
Karitane, New South Wales	Spirit West Services
Key Centre for Women's Health in Society – University of Melbourne	Terang and Mortlake Health Services
Kildonan Uniting Care	United Way
La Trobe University	VACCA
Lord Mayor's Charitable Fund	Victoria University
MacKillop Family Services	Western Bulldogs
Maribyrnong City Council	Western Health
MediaWise Pty Ltd	William Angliss Trust
Melbourne Assessment Prison	William Buckland Foundation
Melbourne City Mission	Women's Health West
	Wyndham City Council

Highlights of 2010-2011

- Joint early parenting sector submission to the "Protecting Victoria's Vulnerable Children" Inquiry
- Partnership with Western Health for the provision of community-based childbirth preparation services
- Shared QEC/Tweddle investment in the development of a fully electronic client record and reporting system
- Extension of programs in perinatal mental health – extension of mental health services
- Partnership with Hume Moreland Integrated Family Services (HMIFS) for intensive home visiting support to ChildFIRST
- Partnership with DHS for the delivery of parenting support and skill development in supervised access
- Wind down of Tweddle@Home
- Revised model of clinical practice
- Accreditation – Australian Council of Healthcare Standards (ACHS) and Community Service Organisation (CSO) accreditation under the Victorian *Child Youth and Families Act 2005*
- Development of new communication plan and establishment of Tweddle in social media

Delivery of the Strategic Plan

Strategic Goal	Activity/Objective	10/11 Outputs	11/12 The way ahead
Research Deliver comprehensive parenting research and evidence based models of service	Implement a three year rolling research program Establish and extend relationships with tertiary institutions	Research plan delivered. New plan developed and agreed for 2010-11 Commenced pilot to trial an intervention in response to fatigue study – “Wide Awake Parenting” Fatigue study paper accepted for publication Completed nursing competency study – paper submitted for publication Analysis of data for NHMRC study into residential services underway. Data collection phase of day stay research with The Jean Hailes Foundation underway National collaborative grant application to Beyond Blue Publication of ARACY paper from roundtable on infant sleep and settling	Completion of pilot programs: <ul style="list-style-type: none"> ■ “Playsteps” ■ Integrated service delivery pilot – Family Coaches ■ Hume Moreland Alliance for in home support ■ The Arbour Project Preliminary findings of NHMRC Study presented Finalisation of day stay study Finalisation of Fatigue trial intervention Review of formal partnership with LaTrobe University Establish new partnerships with academia
Services Extend services to meet community demand	Tweddle@Home	Closure of Tweddle@Home to the general community	Repositioning of Tweddle@Home to deliver services through employers as part of employer parenting support packages/ employee benefits Commence community based child birth preparation program for Western Health/ Tweddle
	General clinical practice	Established new clinical practice model focused on a responsive parenting approach	Further revise clinical model and strengthen referral pathways to specialist programs to meet identified needs. Introduce new programs for dads
	Day stay programs	Further discussions underway about the possibility of a regional Tweddle services in Victoria’s north and west.	Based on day stay research findings, review focus of community based services and the service mix of centre and home based services
	Psychology services	Provision of more intensive clinical support to families pre-admission, during and post admission. Screen mothers and fathers for depression as part of admissions process and provide service support as needed Extend service to include group programs including the QEC developed “PlaySteps” model	Work with Department of Health to develop partnerships and service models including increasing general practice and paediatric involvement Develop and implement professional development programs for infant mental health
	Electronic Service Delivery	Release of new Tweddle website	Maximise benefits of electronic communication including new electronic record system usage



Strategic Goal	Activity/Objective	10/11 Outputs	11/12 The way ahead
People Grow capacity of our people	Strategy	Reviewed and updated policies and practices: <ul style="list-style-type: none"> ■ Recruitment and selection ■ Clinical Induction ■ Managing workplace incidents and aggression in the workplace ■ Occupational Health and Safety Professional Development Programs in: <ul style="list-style-type: none"> ■ Group therapeutic programs (eg NCast training) ■ Handling difficult and aggressive clients ■ Clinical practice model ■ OHS and managers ■ New staff newsletter, the Tattler”, published. ■ Staff achievement awards presented 	Implement new performance management policy and procedure Establish three year rolling calendar of professional development Roll out full consultation and skill development programs in preparation for the commissioning and roll out of the fully electronic client record system
Innovation Provide value through change	Practice development Pilots and trials	Internally reviewed Parenting Assessment and Skill Development Service (PASDS) Participated in state wide review and made joint early parenting sector submission to the “Protecting Victoria’s Vulnerable Children” Inquiry Established collaborative partnerships with Queen Elizabeth Centre and O’Connell to deliver specialist early parenting support: <ul style="list-style-type: none"> ■ Family Coaches ■ PlaySteps ■ Shared services in information technology ■ Agreement on a joint communication strategy for all three EPCs 	Extend collaborative and benchmarking practices nationally especially through the Australian Association of Parenting and Child Health Inc (AAPCH)
Infrastructure Provide facilities and systems that support the future of Tweddle	Information management	Commence of development of customised software for fully electronic client record system – shared investment and partnership with QEC Reconfirm Tweddle vision paper for new services and facilities New Tweddle website New presence of Tweddle on Facebook, Twitter, SlideShare and Flickr together with an agreed social media strategy Management of two significant storm water events with associated water damage, electrical and safety issues	Work with Government to create options for the development of facilities and services Complete roofing repairs to minimise risk of future storm water inundation.
	Environmental management	Released Tweddle environment plan and associated communications plan Targets set for waste and energy reduction. All staff environmental communications plan implemented Implementation of a range of education and infrastructure initiatives to reduce paper usage.	Introduce a staff environmental achievement award.
	Governance	New board performance assessment tool implemented	Development and release of 2012-2017 strategic plan
Partnerships and positioning Develop our reputation and partnerships	National partnerships	Established new partnerships with family service agencies and research institutes	Hold first ever combined EPC conference for all Victorian early parenting professionals

Leadership Report



Chairperson's Report

Change, change and more change. But change brings with it opportunity for review, innovation and consolidation.

The first major change occurring since our last report is of course the first Liberal-Coalition government in more than 10 years.

The Tweddle Board was delighted to see the commitment of new funding for parenting support for families from pregnancy to 4 years of age in this new government's very first budget.

We look forward to supporting the Government in this initiative.

We welcomed in a new Minister, the Hon Mary Wooldrige and it is very pleasing to see recent policy directions indicating early parenting and early intervention to support vulnerable families is a priority of the state government.

There now appears to be widely held acknowledgement among policy makers and health professionals that earlier intervention is critical to health and wellbeing later in life. Stepping in and helping families in need of assistance earlier rather than later achieves far better developmental outcomes for children as they grow into adolescents and young adults.

We are also seeing policy support for the pre-birth and early childhood period. This support helps us to link families early and more effectively with universal services, to childcare and kindergarten and establish strong community connections. Such a development has a direct impact on increasing the wellbeing of families and young children. These policy directions offer Tweddle new opportunities for collaboration and the challenge to the sector to achieve a seamless programmatic transition for families as they move through the pre-to post-natal and early childhood development stages.

Closer to home, we have undertaken some major clinical practice changes. This resulted from what our research was demonstrating and we pride ourselves in ensuring that our clinical practices are evidenced based.

Over the last year the Board has started to turn its attention to a new strategic plan for 2012-2017. This together with all the recent change has led us to again question where should Tweddle sit on the continuum of care for early parenting services. Whilst we recognise many agencies now provide parenting services what differentiates Tweddle is its healthy therapeutic expertise combined with its program-specific research and evidence base. Tweddle relies primarily on what works with Tweddle families, not just those from other states and other countries. This coupled with continual growing demand leads us to anticipate that collaboration with other agencies and service providers will be an integral element of the plan.

Collaboration, especially with the other early parenting centres Queen Elizabeth Centre (QEC) and O'Connell Family Centre, is ensuring the sector has one voice in articulating the health,

social and relationship needs of vulnerable families. All three early parenting centres lodged a joint submission to the Protecting Victoria's Vulnerable Children Inquiry. Tweddle enthusiastically awaits the completion of the panel's report due early November.

The Tweddle Board has heard the message from organisational management very clearly that the facilities at Footscray no longer provide the right infrastructure for the clinical services we now provide. Not only do the facilities limit the current clinical practice they also significantly impact on the organisational capacity to meet demand for more flexible and innovative approaches to meet the needs of families whose difficulties are growing in complexity. Although demand for services outside of Footscray continues to increase it is not acceptable that our primary facilities are 90 years old and are not flexible enough to cope with the various current innovative models of care.

On behalf of the Board I would like to thank Vivienne Amery, our Chief Executive Officer. Vivienne's determination, courage, honesty, sophisticated understanding and ability to think laterally across all the issues currently confronting the parenting sector ensures that we as a board can do our job properly. Vivienne's exceptional management expertise enables the Board to have the required discussions which will steer Tweddle through into the future and ensures each family that crosses our path receives the best possible services.

Congratulations to Vivienne and her executive team and staff for all they have achieved over the last year of significant change.

In November Mike Smith stepped down as Chair of the Board. His clear thinking and unrelenting drive have significantly contributed to where Tweddle is today. There is no doubt that Mike's financial legacy will be evident in the years to come. Although Mike has led the board for 3 years and stepped down from that role we are very pleased to have him continue on as board member.

I would like to thank my fellow board members for their uncompromising standards, calibre, passion and commitment to Tweddle and the sector. All board members are volunteers and generously provide their time and skill. It is an absolute pleasure and delight to be a part of this board.

Finally I would like to acknowledge the work of our retiring board members; Professor Susan MacDonald and Melissa Afentoulis not only for their contribution to Tweddle but the sector as a whole. Both will be sorely missed.

I anticipate that with all this change Tweddle will look back at 2011 as a watershed year. Yet with such a rock solid foundation Tweddle is positioned to make the most of its opportunities and be one of the leaders in the sector.

Ms Josie Rizza
Chairperson

CEO Report

Early parenting is now such an exciting space. Research, collaboration and commitment to best practice are delivering improved outcomes for young families.

In the past year, we made some major clinical practice changes. We moved away from the parenting model of 'controlled comforting' to a more responsive model.

We teach parents how to respond to their baby's cues rather than sticking to a rigid formula (which can lead to distress for parent and/or child and potentially upset the positive relationship between a parent and a child).

It is a matter of being much more responsive to the infant's needs and caring for the child's mental health through attachment and bonding with the parent. At year-end, this change of practice was already being implemented.

These days Tweddle is much more focused on families – not just mothers and babies. And the families we see have some complex issues that demand multi-disciplinary practice.

Our family focus means greater importance on the need for broader services such as psychiatric nursing and paediatric nursing. So the changes in staffing give us the opportunity to resource ourselves with the skill base we need for the future.

Staff

During the past year we farewelled several senior staff members which has meant we have had to rethink our practices, organisational direction and business development.

Our Director of Nursing, Ann Hindell, left us in June. Ann can be proud of her great record of achievement at Tweddle. She oversaw some very significant changes in her time and was important to the introduction of ancillary health support services including social work and psychology. She also achieved huge improvement in performance reporting and data management.

Collaboration

Collaboration, particularly with the Queen Elizabeth Centre (QEC) and O'Connell Family Centre, is already aiding service delivery and a more cost effective utilisation of resources.

Specifically, a significant joint investment is being made by the Tweddle and QEC Boards to develop a fully electronic client records management system. The software will also provide comprehensive reporting and data management for shared research purposes.

Play Steps is another example of collaborative practice. The Play Steps group therapeutic program was developed and evaluated by

QEC. The staff at QEC have now shared the model with Tweddle and O'Connell, supported by funding from Department of Health, Mental Health division (NPD). Tweddle will run the program across metropolitan Melbourne and Geelong from July 2011.

Joint leadership forums have also been held between the three early parenting service providers. We are very excited about a conference planned for all staff of the centres which will be held early in 2012.

Through our coordination, sharing of resources and delivery of consistent and best practice, we can help to create stronger more resilient families.

Communication

In another major initiative last year, Tweddle implemented a new social media strategy. The strategy recognises the changes occurring in the community. Plus, it highlights just how we can stay connected with vulnerable families.

The Tweddle online presence now extends to Twitter, Facebook, YouTube and Slide Share. These modern communication channels allow us to share our reliable and reputable information and research with a wide audience and with those who may be waiting for access to our programs.

These communication tools also foster ongoing community conversations and support for families. The sense of belonging to the Tweddle community provides another element of support.

Thank you

We are so fortunate to have such a diverse, highly talented and committed team at Tweddle.

Many parents say, "where would I be without Tweddle?" As leaders of this organisation, we say, "where would we be without our amazing staff?"

They work incredibly hard and face some challenging situations. They are compassionate, patient and very dedicated individuals. Quite literally, they are life-savers.

Heartfelt thanks to our dedicated nurses, early childhood specialists, social workers, psychologists and corporate support staff.

Thanks also to our Board members who give generously of their time and advice. Thank you for the rock solid support and guidance provided to the Tweddle management team.

Ms Vivienne Amery
Chief Executive Officer

Parenting Services



Intake

Table 1. Intake data

	2008-09	2009-10	2010-11
Prebook consultations	4972	4338	3926
Health professional consultations	245	488	278
Professional referrals	Not recorded	Not recorded	644
Families admitted to a program	2150	1610	1657
No. of families who received information	1747	2236	1658
No. of completed intake assessments	N/A	3195	3081

Intake is the first step in a family's association with Tweddle. A detailed consultation with each family takes place, usually by telephone.

An experienced parenting professional explores the family's issues via an evidenced based triage system and a decision is made to admit a family or refer to other services that are considered more suitable for the family's needs.

From the intake data, it can be seen that 70% of families require advice only and the tools and strategies advised during the call to Tweddle meets their needs. Many of these families are referred to electronic advisory services or the primary health services including maternal and child health services.

In 2009 the Tweddle board introduced a target for families to wait no longer than five days to receive a telephone consultation from intake.

It is pleasing to note that with the changes made to the intake team and its business processes, this target is being met. The improvement was helped by the reduction in number of calls received for advice in quarter three. This reduction may be due to improved professional referral processes and this will be explored with callers by informal survey and as we move towards professional referral for all admissions.

Why do people cancel their admission to Tweddle?

Another factor affecting admission is the rate of cancellation, which is a long term service problem faced by all early parenting centres.

116 people who had cancelled either their day stay or residential admission were surveyed to seek an answer.

It was found that day stay clients were more likely to cancel than those booked for the residential program. And cancellations usually occurred one or two days prior to the planned admission.

While reasons for cancellation varied, many reported an improvement in their situation following advice received or for child development reasons. Tweddle will continue to assess cancellations. The other common reason was sickness – usually with the child.

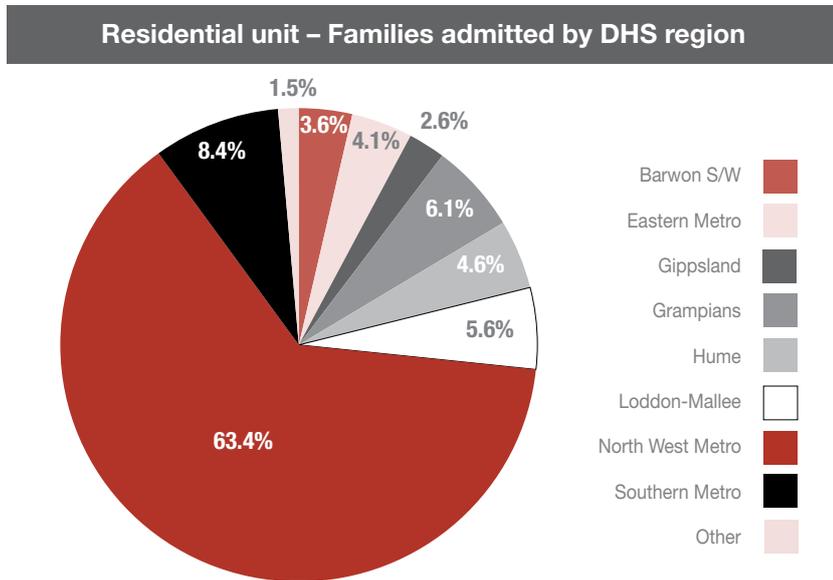
Residential unit

Tweddle has responded to the increasing complexity of family needs by extending the time families spend in the residential unit to three or four nights. The new admission cycle established in early 2010, enables a clearly structured range of activities to be provided, as well as leaving time to work one-on-one with families.

While in the unit, parents are supported by a multi-disciplinary team of nurses, early childhood professionals, psychologists and social workers. Trigger factors that cause distress are examined and response strategies developed.

A range of routine screening for all family members takes place. This screening includes health checks for both the residential and day stay programs. It also includes screening of mothers and fathers for depression. Admission to the unit provides an ideal opportunity to explore emotional issues that may otherwise go undiagnosed.

Figure 1.

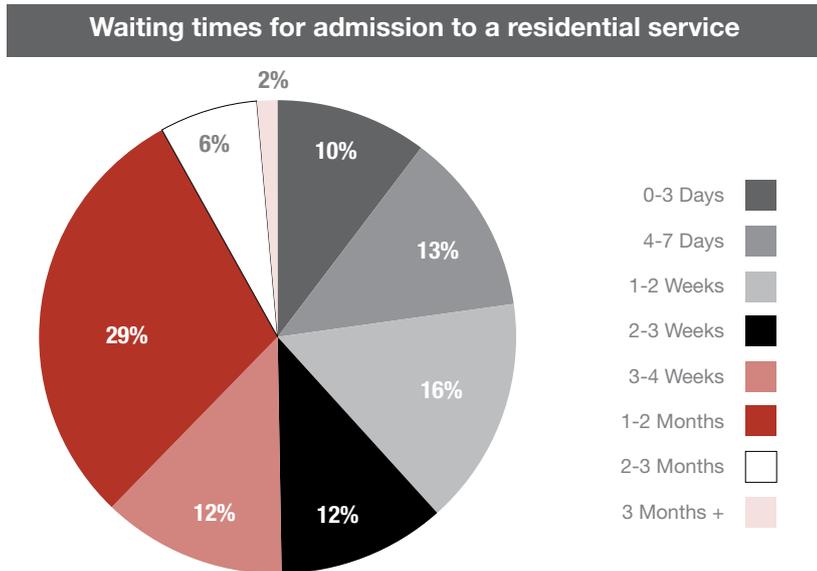


A study during the year highlighted that many Tweddle clients experience significant levels of fatigue. In partnership with the Parenting Research Centre, Tweddle is piloting the “Wide Awake Parenting” program to equip parents with tools to manage their fatigue.

Regular clinical practice and program reviews underpin our commitment to continuous improvement. This year we reviewed our approaches to goal setting as well as sleep and settling.

After an extensive literature and best practice review, Tweddle has commenced a new approach to settling. It places the child at the centre of decision making and acknowledges the child’s response to an intervention.

Figure 2.



We have also introduced a pre-admission meeting with parents facing extremely complex issues. This meeting gives us the opportunity to fully prepare for the family’s arrival and arrange a tailored and appropriately resourced program.

For some years, research by Professor Jane Fisher and Dr Heather Rowe, funded by NHMRC has been looking at the effectiveness of residential early parenting programs and their impact on maternal mood and wellbeing. It is pleasing to report the data collection phase is now complete and preliminary analysis is underway. Tweddle and the Jean Hailes Foundation expect to present outcomes before the end of 2011.

Table 2. Service admission data

	2008-09	2009-10	2010-11
No. beds available each day of operation	7 (M-F)	7 (M-F)	7-8 (M-F)
(Closed Alternate Weekends)	5 (S&S)	5 (S&S)	6 (S&S)
Clients discharged*	1676	1555	1487
Families discharged	616	553	556
Clients admitted for one day	34	9	51
Average length of stay (days)	2.67	2.75	3.19
Total No. of Bed Days	4482	4754	4746
Occupancy (%)	109.47	107.78	108.43

* Amended in 2010-11 to include correct term of “discharged” rather than “admitted”





Clinical nurse consulting

Tweddle continues to provide clinical guidance and support to Swinburne, RMIT, and La Trobe University students. Students attend Tweddle on a weekly basis.

Professional development of Tweddle staff is ongoing. A priority for the team has been to review the induction processes to ensure all clinical staff are thoroughly trained and aware of Tweddle clinical practice.

The induction model, to be introduced in 2011-12 will complement the general staff induction and will include a mix of desk-top, classroom and on-the-job learning.

Two in-service professional development days were held for all staff in 2010-11. In November 2010 the day included corporate and occupational health and safety training, environmental awareness sessions and commencement of work in reviewing the Tweddle model of clinical practice.

"An excellent experience.

My partner and I were amazed at the speed of change we saw in our daughter!"

Staff attended the Fundamentals to Responsive Parenting training day in May 2011. Clinical staff and psychology service staff also received training in the QEC PlaySteps program aimed at building a strong bond between mother and baby through play.

The clinical team is working on the introduction of the Karitane 'Parenting with Confidence' scale. The tool has been formally evaluated by Karitane (NSW) and will strengthen care planning, enabling more targeted plans with measurable outcomes.

Maternal and child health scholarship

During the year, Tweddle was delighted to award staff member, Hannah Castles, with the inaugural Betty Hassold Maternal and Child Health Scholarship. Hannah has commenced post graduate study in Child and Family Health Nursing at La Trobe University. It was fantastic to have Betty, a much loved former leader at Tweddle, to present the scholarship to Hannah.



Specialist Services

Parenting assessment & skill development service (PASDS)

An important part of the Tweddle portfolio is the range of programs provided to support families who are involved with DHS, Child Protection Services.

Traditionally Tweddle has provided a 10 day residential program, Parenting Assessment and Skills Development Service (PASDS). A range of in-home and day long PASDS have also been offered.

In 2010-11 Tweddle implemented a short, intensive parenting assessment program based on a day model. This DHS funded program focused on assessment and skill development for pregnant adolescents, young pregnant African women, parents of babies moving out of special care and parents preparing for reunification with their child or children.

The program recognised the difficulty for the target groups to participate in a long residential program and was designed to work with families one day per week over a period of at least four weeks. The pilot certainly filled a need and it is hoped that it can continue on a recurrent funded basis.

Those eligible for the program were clients of the DHS child protection system. Tweddle worked closely with DHS to promote the program, engage with the young people and encourage them to participate.

All protocols and clinical procedures for child protection programs were formally reviewed during the year.

Tweddle's experience and early parenting expertise continues to be called upon in new pilot programs, research and additional services.

Table 3. PASDS admissions

	2008-09	2009-10	2010-11
No. of families	47	47	45
PASDS clients	127	138	128
PASDS client bed days	981	863	861
PASDS clients average length of stay	7.66	6.78	6.72
No. of day stay programs provided	17	19	22
No. of visits provided	80	62	3

Table 4. On campus specialist day stay program: (PASDs)

	2010-11
No. of Family Attending	13
Total No. Day Program	22
Adolescent Mother	21
Father/Partner	9
Baby	6
Total Day Program Clients	36

Arbour project

The Department of Human Services has asked Tweddle to look at alternative models of parenting support and skill development during supervised access. The aim of the project is to make access a more positive experience for parents and children – especially where reunification is planned.

The project will explore and implement a model that will assist parents gain vital parenting skills during access visits with children.

Positive skill development and a focus on bonding, attachment and understanding the child's developmental needs, will greatly enhance any reunification plans.

The project team is based at the 'Arbour Centre' in Sunshine and at Tweddle. Adaptation of an evidence based model developed by Professor Louise Newman, "Parenting with Feelings" is underway and it is anticipated to commence the first program in quarter 1 of 2011-12.

Specialist early parenting program

Tweddle is working in partnership with the Hume Moreland Integrated Family Services (HMIFS) Alliance and the Department of Human Services to provide specialist in-home early parenting support to vulnerable families referred to Tweddle by ChildFIRST.

The pilot project will allow a single entry point for referral and a coordinated approach to service delivery for vulnerable families in the north and west metropolitan region.

The close working relationship between Tweddle and the Alliance team will allow delivery of integrated and timely services to parents struggling to meet their child's needs. Priority will be placed on families with children under four years, where at least one child is under 12 months of age or if the mother is pregnant.

The team will make up to 10 visits to a family and work with them in their home developing vital parenting skills. Tweddle is grateful to the Department of Human Services for supporting the development of this innovative program. The pilot will be formally evaluated.

Psychology Service



The National Perinatal Depression Initiative (NPDI) has enabled an extension to the Tweddle psychology service. With the additional funds we have:

- Provided pre-admission consultations for clients
- Provided psychology services and referrals for fathers admitted to the residential unit with symptoms of depression, anxiety or stress
- Conducted group programs to clients attending the residential unit
- Piloted a fatigue management workshop (developed by the Parenting Research Centre) in response to emerging evidence that fatigue can be a precursor to the development of post natal depression
- Provided follow-up psychology consultation three weeks after discharge with those clients referred to other service providers

The psychology service continues to provide assessment, brief intervention and referral for mothers in the residential unit considered at risk of perinatal mental health issues.

Several training and information sessions were conducted during the year for the benefit of both professionals and community members.

Staff training to provide a therapeutic group program for mums with mental health issues was undertaken in May 2011. The program itself is due to commence in August 2011. This program, "PlaySteps", was developed by QEC and evaluated by the Parenting Research Centre (PRC). QEC offered to share the model for this group trial supported by NPDI and the Victorian Department of Health. The PRC will also evaluate the effectiveness of the program for mental health clients. Tweddle will run two groups for the trial, one in Footscray and one in partnership with St John of God and the Raphael Centre in Geelong. Results from the trial are expected in 12 months.

Psychology outpatient services

Referrals made to the outpatient service by local agencies are growing due to the productive relationships we are forming in the community - especially with maternal and child health nurses and general practitioners. Our resourcing currently allows for two days per week of outpatient services. However, with growing demand we anticipate increasing the service. Tweddle is actively working with Pivot West, the regional division of general practice to ensure that local doctors are all aware for referral of this important local specialist service.

Data presented this year, because of the changed service model and increased funding, cannot be directly compared to the previous year's data. Key items to note from the 2010-11 data are:

- Only a small number of pre admission consultations were undertaken and this service is expected to grow.
- The number of mothers screened in the high risk range, using the Edinburgh Post natal Depression Scale (EPDS) is almost half of the Tweddle client base. This percentage has been steadily increasing each year. It is considered that this increase may be due to changed intake processes and an increase in admissions by professional referral. An increase in indicating self harm is also noted and of concern.

Table 5. Mothers screened with EPDS during residential admission

	2009-10	2010-11
Total number screened	552	563
EPDS in the high risk range	43%	46%
Mothers who endorse the self harm item	16%	14%

- Fathers are screened using the Depression Anxiety Stress Scale. One quarter of fathers screened also rate in the high risk range. As a result services are provided by our team to these clients and ongoing referrals made as needed. The number of fathers screened as high risk is being actively monitored and more services are under development for effective support. Routine screening of fathers has been implemented this year with additional NPDI funds. No prior years data are available.

Table 6. Fathers screened with DASS during residential admission

	2010-11
Total number screened	150
EPDS in the high risk range	24%
Fathers who endorse the self harm item	5%



- The five key issues identified as health concerns for residential clients were consistent with last year although the proportion of parents reporting these concerns differs.



- Referrals for clients to new general practitioners was less than the previous year. This may be due to more clients already being engaged with GPs. Referrals to psychologists however has increased.



Total consultations for this year were significantly higher than last year and this is due to the additional NPDI funding that was made available.



The additional NPDI funding enabled the provision of follow up consultations to clients who were seen by the psychology service and referred-on for additional support. Nine out of 10 clients reported that they benefited from the consultation they had with the psychologist, and some 82% followed up on the referral made, during that consultation.

Table 7. Issues identified for residential clients

	2009-10	2010-11
Clinical depression	61%	52%
Anxiety disorder	47%	58%
Exhaustion	56%	87%
Relationship dysfunction	24%	37%
Adjustment/Bonding Issues	14%	43%

Table 8. Referrals provided to clients

	2009-10	2010-11
General practitioner	12%	6%
Psychologist	39%	53%
Clinical Intervention	82%	87%
Total number of individuals given referral to 1 or more agencies	103	161
Percentage of clients seen that were provided with referral	49%	64%

Table 9. Total consultations

	2009-10	2010-11
Pre Admit	0	14
Residential	212	253
Group	0	247
Follow Up	0	142
Total Consultations YTD	212	656
DHS NPDI Targets 2010-2011		460

Table 10. Statistics at follow up consultation

EPDS/DASS in the high risk range	23%
Clients who endorse the self harm item	70%
Clients who have engaged in treatment (or in process of) as recommended by psychologist at Tweddle	82%
Clients who report that issues have resolved	15%
Clients who report they benefited from consultation with Tweddle psychologist	90%
Clients who report they are using the strategies discussed in consultation with Tweddle Psychologist	75%

“Fantastic day. I will walk out today feeling confident and happy – looking forward to putting this information into place.”

Social Work Program

Access to a qualified social worker and family therapist is available to all families admitted to the residential unit.

The service continues to provide one-off sessions of individual or couple counselling, advocacy, interventions and community referrals as necessary. Sometimes couples will require more than one session to establish ongoing supports within the extended family or local community.

The complexity of social issues is growing with an increase in families who are new arrivals to Australia. These families seek support for housing, finance, literacy and community services. They also experience anxiety and stress during their cultural transition.

There are many other families who struggle with the day to day demands of family life, parenting and relationship expectations and need extensive linking into local support systems. Tweddle often makes a range of referrals that require ongoing follow up.

Unfortunately, lengthy waiting periods after referral to other community services continues to burden many families – especially those requiring further counselling, housing or financial support.

Tweddle has established a student placement program with La Trobe University and RMIT. The students make a valuable contribution to the busy program.

The social work program saw 205 parents between 1 July 2010 and 30 June 2011. There were 195 referrals, either back to current counsellors or to community organisations and support services.

Issues included domestic violence, relationship difficulties, disability, housing and finance problems, isolation, grief and loss and drug and alcohol issues. There has been a steady increase in housing, finance and isolation issues due to more families accessing the service.

There has also been a steady increase in parenting, relationship and stress issues that could be linked to the number of first time parents accessing the service who lack confidence in their parenting ability. Twenty one fathers accessed the service for couple counselling.

SOCIAL WORK PROGRAM 2010-11

Parents utilising service	205
Fathers attending couples counselling	21
Referrals out to community services after leaving Tweddle	195



Table 11. Social support reasons for referral (%)

Assessment				Outcome			
Reason for referral	2008-09	2009-10	2010-11	Risk factors at end of consult	2008-09	2009-10	2010-11
Domestic violence	27.91	13.97	24.39	Domestic violence	15.12	13.41	23.41
Stress / high anxiety	68.02	39.11	45.36	Stress / high anxiety	23.84	46.93	46.34
Primary relationship	40.70	64.25	71.70	Primary relationship	68.02	65.36	71.21
Other relationship	12.79	44.13	38.53	Other relationship	38.95	44.13	37.56
Disability parent or child	12.79	12.29	14.15	Disability parent or child	5.81	18.44	14.14
Sexual abuse	7.56	1.68	Not Reported	Sexual abuse	0.00	1.68	Not Reported
Drug and Alcohol	47.67	2.79	9.26	Drug and Alcohol	8.72	4.47	8.02
Financial	27.91	26.82	43.90	Financial	48.26	40.22	43.90
Parenting	14.53	21.79	19.02	Parenting	29.07	22.35	19.51
Other - grief and loss	40.70	17.88	27.80	Other - grief and loss	0.00	17.88	28.29
- Isolation	19.77	37.43	28.29	- Isolation	6.40	41.34	29.75
- Transition to parenting	10.47	30.17	35.60	- Transition to parenting	22.67	30.73	37.07

Community Programs



Day stay program

This year Tweddle updated the day stay program and services were provided Footscray, Werribee, Melton, Geelong and Terang.

The program is based on an education model where new knowledge and experience lead to modified behaviour. By actively promoting health and enabling parents to take control of the determinants of their health, they learn how to improve their physical, social and emotional wellbeing.

The redesigned program is delivered as an interactive workshop that facilitates coaching, mentoring and guidance in a range of parenting strategies.

In addition, Professor Jane Fisher and Dr Heather Rowe of The Jean Hailes Foundation are undertaking research into the effectiveness of early parenting day services. The research, funded by the Tweddle board, is currently in the recruitment and data collection phase and outcomes are anticipated in 12 months.

The day program model has never been formally evaluated before – the outcomes of this work are eagerly anticipated to inform future service directions.

Figure 3.

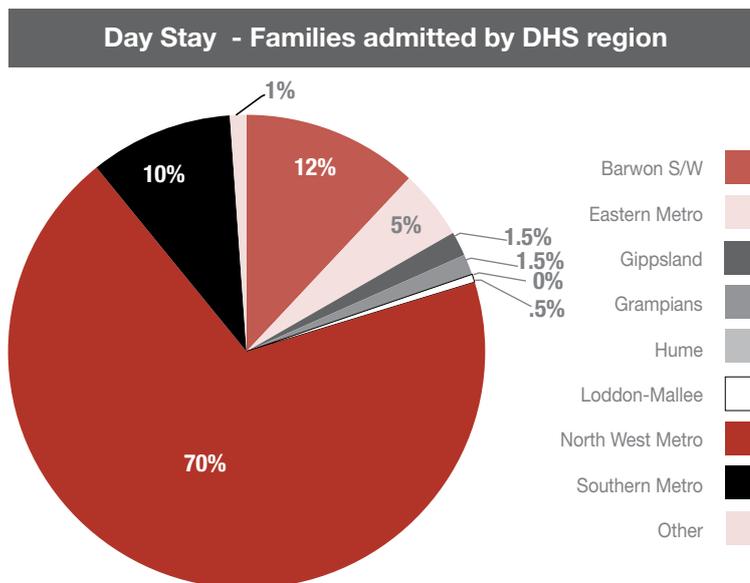


Table 12. Day Stay admissions - Collaborative services

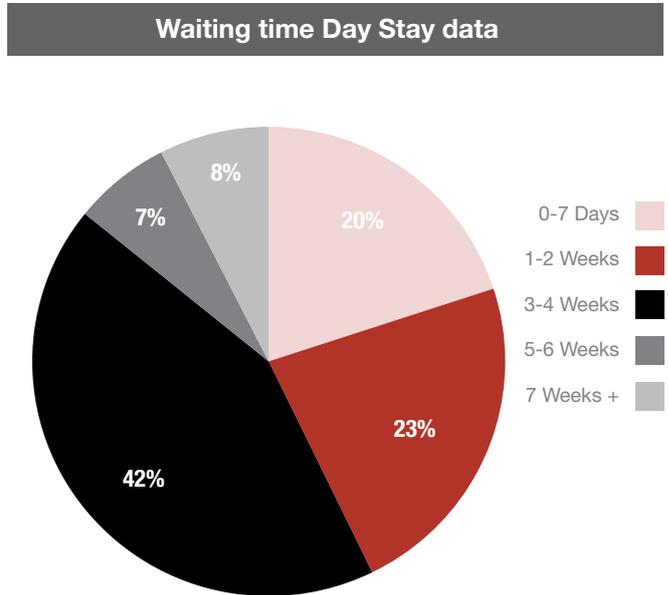
	Melton	Terang
2008/09		
Individuals	547	293
Families	226	131
2009/10		
Individuals	590	227
Families	259	105
2010/11		
Individuals	604	195
Families	291	94

Table 13. Day Stay admissions - DHS funded services

	Maribyrnong	Wyndham	Geelong	Total
2008/09				
Individuals	1068	187	328	1583
Families	444	79	144	667
2009/10				
Individuals	987	170	334	1491
Families	402	72	135	609
2010/11				
Individuals	1007	219	336	1562
Families	408	93	138	639



Figure 4.



Brimbank day program

– supporting Vietnamese families

In addition to general community day programs, Tweddle, in partnership with ISIS Primary Care, provides a day program for Vietnamese families. This program operates in St Albans.

This is the only specialised bi-cultural parenting service in Victoria and operates every Thursday with up to six families attending. Initially set up to meet the needs of pregnant Vietnamese women and families with children up to 18 months, it has expanded to include children up to three and a half years of age.

The team includes maternal and child health expertise and expertise of a bicultural worker - an experienced bi-lingual counsellor and social worker. Ninety percent of families using the service are either newly arrived from Vietnam or have been in Australia for a while speaking Vietnamese at home.

In addition to providing parenting skills, the program fosters a strong sense of community support and many ongoing friendships.

Thirty five families to date have attended. The program is currently funded to 30 June 2012.





Tweddle@Home

Tweddle@Home has helped more than 1,000 families since it started three years ago. The two and a half hour in-home program provided a rapid response for families in desperate need of assistance.

We've received so many letters of gratitude from parents we helped to get back on track. We know the strategies our maternal and child health nurses deliver really work. But unfortunately, the high operating costs of the program were not sustainable. Due to the costs, Tweddle@Home is making its final house calls.

However, we will continue to provide services to some major corporations and state agencies that offer a range of parenting support services, including Tweddle@Home, to their staff whilst on parental leave and to prepare for a smooth transition back to work. We applaud these organisations for their leadership in family friendly practice.

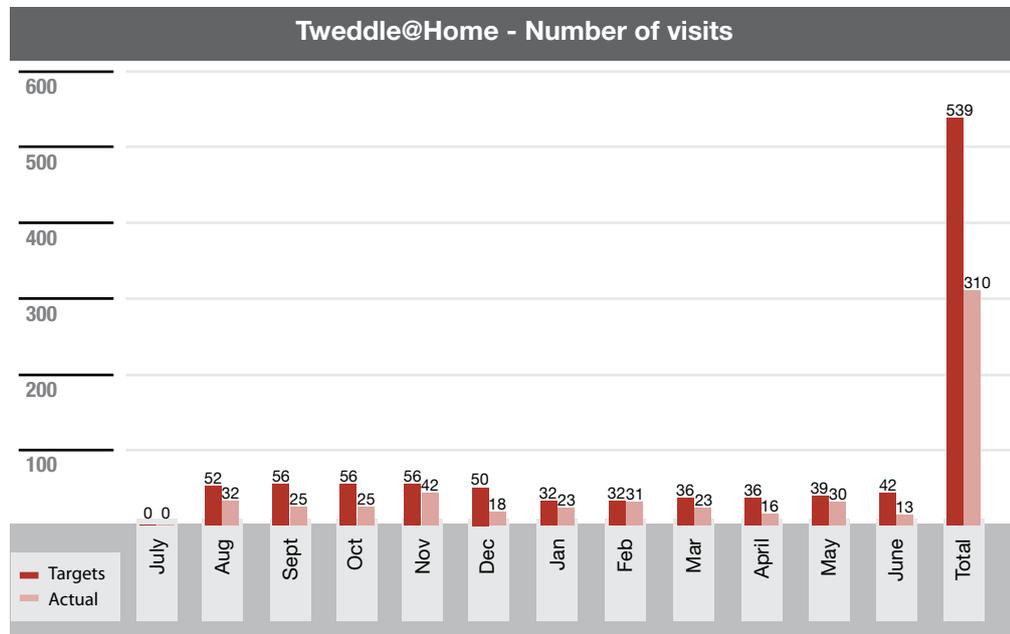
As booking numbers were overall decreasing and it was becoming increasingly difficult to meet the target number of visits to be viable. A decision was made by the board to wind up Tweddle@Home at the end of the 2010/2011 financial year. Figure 5 clearly shows the sustained low levels of service compared with target levels required for the service to break even. Stakeholders were notified in early June and booking ceased on the 14th of June 2011.

Tweddle@Home remained a popular service with continuing positive service evaluation results right up until closure. Tweddle@Homes' prompt and professional response will be missed by many in the community.

It is pleasing that the service is continuing as part of employment benefits packages. A number of public and private sector agencies have contracted Tweddle to provide @Home parenting support for staff with young families. The support is often key to families making a smooth transition back into work after being at home with an infant or young child. Parenting support is now increasingly adopted in work-life balance packages of organisations that understand that exhaustion and anxiety experienced by young families can make impact significantly workforce capacity, attendance and productivity.



Figure 5.



Communities for Children

The Communities for Children program is an extension of the Healthy Brimbank Babies program and is run in partnership with ISIS Primary Care and Sunshine Hospital. The program provides breastfeeding education and in-home support.

During the year, 110 Brimbank families received in-home breastfeeding support. Follow up visits were made when required, individual breastfeeding plans drawn up and telephone support made available.

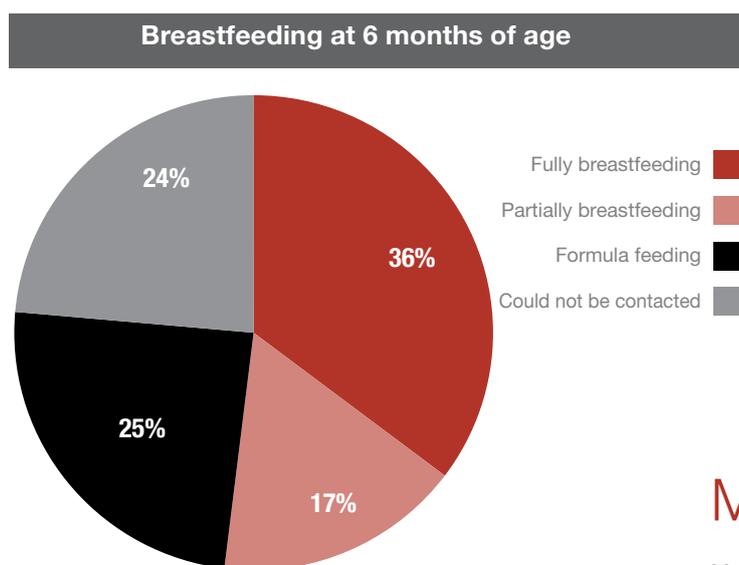
Multi cultural playgroups and breastfeeding education sessions were provided to the community and health professionals.

Our lactation consultants in the field provide in-home breastfeeding support, community education and professional liaison.

The most pressing service challenge is the time-critical nature of early referral. The earlier the breastfeeding support is provided, the greater the likelihood of success.

"It was great to have support come to the house where I was comfortable – a few visits made me much more confident to continue with breastfeeding"

Figure 6.



"The support given by the lactation consultant was fantastic. When we were so close to turning to formula to save our sanity she provided us with the strength to persist. Her knowledge was invaluable. Many thanks."

Best Start

Best Start is a state government program of regional partnerships between agencies, communities and families involved in caring for infants and children up to eight years.

The program aims to improve the health, development, learning and wellbeing of all children. Increasing the rates of breastfeeding and increasing contact with Maternal and Child Health Nurses are two primary aims of the program.

Tweddle is an active Best Start service provider in the local government areas of Brimbank, Melton, Maribyrnong and Wyndham.

My Time

My Time is a social connection and support program for the parents and carers of young children with a disability or chronic medical condition. Groups come together and enjoy play and activities themed around **Myself, My Community and My Child**.

Tweddle facilitates regular My Time groups in Altona Meadows, Footscray, Point Cook, Hoppers Crossing, Deer Park and Hillside. Parents enjoy socialising and sharing experiences with others who are in similar circumstances as they are themselves.

Groups organise guest speakers, outings, attend community events or enjoy special interest activities. The groups develop confidence in how they can best support each other. For example, the Hillside My Time group has initiated an after school hours music group for their 4 – 12 year olds with special needs.

The Parenting Research Centre provided additional funds to supplement service delivery. These funds have been directed towards increased provision and access to technology resources for My Time participants.

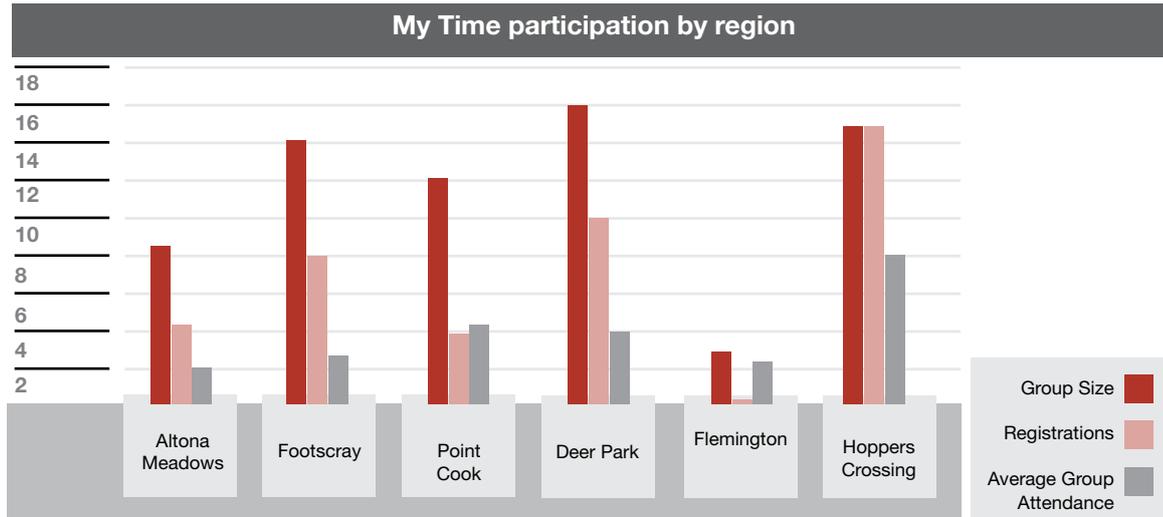


As part of the program, technology is utilised by parents to access translated materials and build computer literacy. Some groups have now set up their own Facebook pages to communicate with other members and organise events.

My Time is a very effective conduit for developing strong links between parents and carers and broader community networks.



Figure 7.



“My Time has given me lots of things – knowledge, power, laughter, experience, confidence, empathy, understanding and friendships.”

“One of the most rewarding aspects of My Time for me has been the knowledge that I have helped others through the grief process just by sharing my story.”

Tweddle prison based parenting education program

During 2010-2011, Tweddle has facilitated individual and group parenting education programs in various Melbourne Prison facilities. The group work programs conducted for men in the Melbourne Assessment Prison and Port Phillip Prison focused on addressing the parenting role of fathers when incarcerated. Other areas of interest discussed during the sessions included child development and child behaviour, parenting cycles and relationships, child health and safety and myths and facts about being a parent.

Overall feedback from participants was positive, with the following comments providing insight into the value of the program for the men who participated.

	Individual Parenting Sessions	Group work sessions	Total number of attendees at group work sessions
Dame Phyllis Frost Centre	44	N/A	N/A
Melbourne Assessment Prison	N/A	10	45
Port Phillip Prison	1	6	50

- ‘I learned how to talk to my son’
- “I learned not to be critical of myself as a dad’ and
- ‘I learned how to have fun with my son’

Individual consultations were provided at Dame Phyllis Frost Centre for women who were accompanied by their children in the prison. Consultations were also provided for women who were in prison without their children. The consultations provided opportunities for mothers to discuss their parenting concerns and for staff to assist the mothers in developing their parenting knowledge and skills.

Research



Tweddle has continued its strong and successful research partnership with La Trobe University School of Nursing and Midwifery. This year several complementary research and evaluation programs were implemented.

An exploration of advanced nursing practices within a Victorian early parenting service was a project undertaken between Tweddle and La Trobe. As a first study of this nature, it provides an understanding of the nursing skills and assessment capacity required in daily practice in an early parenting centre.

The study also identified that nursing communication skills are used as a platform to provide therapeutic interventions within families with complex issues. The finding of this study has provided central information regarding workforce recruitment directions and training needs. It will also inform nursing course Curriculum.

In addition to La Trobe, Tweddle also has a valuable ongoing partnership with the Parenting Research Centre. We have conducted research on the impact of fatigue and exhaustion on parenting. Based on the PRC's Wide Awake Parenting Intervention which aims to help parents manage their fatigue, Tweddle also conducted a project evaluating the acceptability of this intervention.

Also in collaboration with PRC, Tweddle is participating in a study to improve our understanding about fathers' wellbeing during the post natal period.

National Health and Medical Research Council Funded Project

In 2007 Tweddle commenced a study with Prof Jane Fisher and Dr Heather Rowe to investigate the effectiveness of residential early parenting programs in treating maternal mood disturbance, unsettled infant behaviour and the parent-infant relationship.

Recruitment for the study was completed at the end of 2009 and final participant follow-up was completed in 2010. The data is currently being analysed and the results, which look very positive, will be published at the end of 2011.

Day stay research

Professor Jane Fisher and Dr Heather Rowe's research into the Day Stay program will provide benchmark data on the health and social circumstances of families accessing the service and the clinical effectiveness of the program.

The findings will also identify the impact of different intake systems and how the service fits within the continuum of care with other Victorian services.

Ultimately, it will measure the impact of the program in dealing with the core issues as stated by client families.

PlaySteps

In conjunction with QEC, O'Connell and The Parenting Research Centre, the PlaySteps program will be evaluated.

The research is investigating:

- Improvement in parent and child interaction
- Increase in enjoyment and confidence in parenting
- Changes to parent professional and social networks after participation
- Effect on overall parent wellbeing
- Changes in children's social and emotional competency

Publications and presentations

Giallo, R., Rose, N., & Vittorino, R. (in press). Fatigue, wellbeing, and parenting in mothers of infants and toddlers with sleep problems. *Journal of Reproductive and Infant Psychology*.

- 2010: What counts for evidence: **Evaluation Strategies in Child, Youth & Families Symposium 2010**. The Centre for Excellence in Child and Family Welfare, in partnership with the Alfred Felton Research Chair. Paper: **Tweddle: working towards an evidence informed organisation**. (Renzo Vittorino).
- 2010: QEC 6th International Conference. **Paper: An exploration of advanced nursing practices within a Victorian Early Parenting Centre**. (Lael Ridgway, Renzo Vittorino and Creina Mitchell).



Corporate Report



Infrastructure

Tweddle's Footscray facility is in desperate need of renovation and refurbishment. The age of the buildings and structure/layout limit our ability to respond to the individual needs of different clients and importantly to introduce new models of practice.

The section of the roof over the laundry, kitchen and utility area has been damaged due to two stormwater events. A roof section needs to be lifted to repair the damage.

Over the last three years, movement in the foundations has created a significant ridge across the floor. Apart from the obvious tripping hazard, concerns were raised about the integrity of the building's structure. An engineer's report has found the area to be safe but remedial repairs to realign the slabs and tie them together are required.

It is recognised that funding of major repairs to an aging facility cannot be supported long term and as a matter of urgency a solution to achieve a refurbished or new facility must be found.

Information management

We continue to make significant investment in Information and Communication Technology (ICT).

In December 2010 Tweddle and QEC purchased and commenced development of a new fully electronic client records management system (TWEQ). TWEQ will provide a fully integrated client health information system.

This new system, to be developed over the next 12 months, will have many innovative features such as password protected

secure portals for families to access remotely, and automated reporting for funders and management.

Of course, the new system will meet all health and community service information requirements. For Tweddle team members it will bring many changes and benefits into their work and offer loads of time savings. Technology changes such as this present significant organisational cultural change. The implementation process has been designed to ensure plenty of trialling, testing and training opportunities so we can effectively and efficiently manage the changes in work practice that will necessarily be associated with a shift from paper based case management.

In addition to streamlining work practices, improving management and government reporting, a shared system will provide enormous opportunity to undertake collaborative research and benchmark practice. It will provide a valuable asset to the State – a comprehensive data set on early parenting in Victoria.

Other advances in ICT this year were:

- The purchase of new hardware/servers to accommodate planned software development
- A review of leasing arrangements for printing and photocopying with the addition of new technology that improves environmental impact and enables interaction between photocopiers and Tweddle systems, new software directions and the network
- An upgrade to the telephone system providing more efficient handling of calls following a review of call volumes and expenditure
- The continuation of the established three year asset replacement program for ICT
- The engagement of a new internet service provider to provide faster, more reliable internet connection
- The roll out of a new web site and social network accounts
- The introduction of an enhanced computer back-up system providing greater protection of electronic records and tighter privacy and security systems
- A review of outsourced IT support services





Communications, PR and marketing

During the year, Tweddle launched our totally revamped website. The site includes comprehensive program information, news and events, employment opportunities and online referral forms. The new site is receiving a significant level of traffic. Further interactive developments will be completed in the first quarter of 2011-12. This will include online professional referral to Tweddle.

It is also exciting to see Tweddle's new presence in social media, specifically Facebook, Twitter, Slideshare and Flickr. The social media strategy was finalised and went live March 2011. These modern day media channels help spread Tweddle messages to a wider audience and share valuable information with other health professionals and families.

In partnership with the Western Bulldogs and Finch Publishing, Tweddle hosted the Melbourne launch of Dr Richard Fletcher's book, *The Dad Factor*. The book raises awareness of the significant benefit to early childhood development when a strong father-baby bond is formed. The launch was well attended by health professionals from the early parenting and family health sectors.



The development and roll out of a style manual was a significant step forward in ensuring a consistent image and presentation across all Tweddle communications.

A joint communications strategy for all three public funded Early Parenting Centres was endorsed. This strategy links very strongly to our strategic plan and our social media strategy. It is exciting to be working together with our sister agencies to achieve a shared service vision.

Once again Tweddle was a popular point at the annual baby expo and we were also pleased to attend a local community expo hosted by the City of Moonee Valley.

Finance

A big step forward during the year was the development of a comprehensive three year capital management plan. Historically Tweddle has reviewed its assets and repair needs annually and on a three year basis planned its IT replacement needs. This three year plan has now been expanded to include all assets and major repairs. The plan has been approved by the board for the period 2011-2014.

During the year Tweddle emphasised the strengthening of internal controls with streamlining processes of purchasing and cash management by initiating several new policies and procedures. A new accounts payable procedure is now in place and the accounts receivable process has been reviewed.

Action was taken to establish robust budgetary management. Staff members were shown how to adopt an effective project and cost management approach to their monthly performance measures.

It was possible to make significant savings on finance overheads by restructuring Accounts Receivable & Payable functions and internally carrying out some of the accounting work previously outsourced.

Tweddle established an on-line donation portal via www.givenow.com.au which allows for electronic payments, the issuing of receipts, the building of a donor database and the transfer of funds to our bank account. The donation portal is linked to our website and a hyperlink button can also be included in Tweddle email correspondence.

We are pleased to report that we had a positive financial result. Given we were funded in 2009-10 for a number of short term projects that did not commence until the year under review, we must adjust our final result to account for this mismatch of funding as revenue is recognised when received. In addition, a number of extraordinary items were paid during the year, including significant one-off salary costs resulting from some allowances that included back pay. These issues have now been addressed with no known outstanding payments still to be made.

An internal audit of purchasing and payments has been scheduled for August 2011.



Our people

The Tweddle workforce at 30 June 2011 was 40.6 EFT comprised of 68 permanent and part time staff on the payroll and a nursing bank of 18.

The professional profile of staff is as follows:

Registered Nurses	12.4
Early Childhood professionals	12.4
Psychologists	1.5
Social Workers	2.6
Accountants	1.0
Corporate support	10.7

Staff turnover for the year was 18%

While the turnover remains high, it is consistent with prior years. In this period Tweddle saw the retirement of a number of long serving staff. With the aging profile of the maternal and child health profession, it is inevitable that the workforce will be very mobile, both retiring and through the job opportunities for the expertise being high. Reasons for leaving in 2010/11 were varied with retirement and other lifestyle reasons being the most common. To ensure that Tweddle continues to enjoy its highly expert workforce a number of strategies have been adopted.

These include:

- The Betty Hassold Scholarship for maternal and child health
- Strengthened multidisciplinary approach
- Significant induction and professional development
- Support of clinical placement programs
- Partnership approaches to some services

Training and Professional Development

The following training and professional development opportunities were provided to staff during the year:

- OHS for managers
- Dealing with aggressive clients

- Client service
- Meaningful Meetings
- NCAST (Nursing Child Assessment Satellite Training)
- Sleep and settling techniques and strategies for responsive parenting
- Goal setting – for families
- Recruitment and selection
- Induction
- Finance for non financial managers
- Introduction to management for new Tweddle managers

A three year calendar of professional development is being developed. The calendar will include clinical, corporate, OHS and fire safety training. An electronic training and professional development register will also be implemented in late 2011 and currently 2 options are being trialled.

Specific achievements in human resource management include:

- Development and implementation of a Prevention of Violence and Aggression in the Workplace policy and procedure (including training for all staff)
- Re-launch and re-distribution of Employee Assistance Program information for staff and the promotion of the service during professional development days
- Continuation of work with the Clinical Nurse Consultants to enhance the induction program
- Liaison with the Australian Nursing Federation (ANF) to ensure the Tweddle workforce is in compliance with all award obligations
- Continuation of development of a Performance Management and Workforce Planning system for introduction late 2011
- Review of the administrative needs of the residential unit and the creation of a new full time position.
- Review of frontline service





This year Tweddle continued to demonstrate its commitment to the culture of continuous quality improvement at all levels of the organisation. Efforts were focused on ensuring that clinical practice is evidence-based and underpinned by the principles of attachment theory. The research program was further consolidated, bringing data management, quality improvement and research into one portfolio of management. Program directors and staff have been adopted the quality concept of the “Plan-Do-Study-Act-Review” cycle for evaluations that have been undertaken through the year.

Where possible, evaluations have been used that benchmark practice with other services and with other agencies.

Evaluations that have occurred include:

- A review of residential service admission cycles, using client feedback and clinical practice evidence from similar services in Victoria, New South Wales and the ACT, resulting in change to the admission cycle and length of stay.
- The model of service for the Day Stay Brimbank for Vietnamese families was developed following community consultation and desk top research of cultural need. Evaluation data is collected, documented and reviewed. Issues have been identified based on this data and changes to the model made.
- The breastfeeding program collects evaluation survey forms for all elements of its service including the home visiting, parent and professional education classes. Every mother that the program sees receives a follow up phone call and is asked set questions about satisfaction with the service, breastfeeding status, and changes that have occurred since the home visit. Evidence indicated an increase of longevity of breastfeeding in mothers who had Tweddle home visiting. Findings were compared with maternal and child health data from the same community cohort. Evaluation forms and class programs have been modified or discontinued in response to the evaluation cycle.

Achievements in Quality Improvement Practices in 2010-11 include:

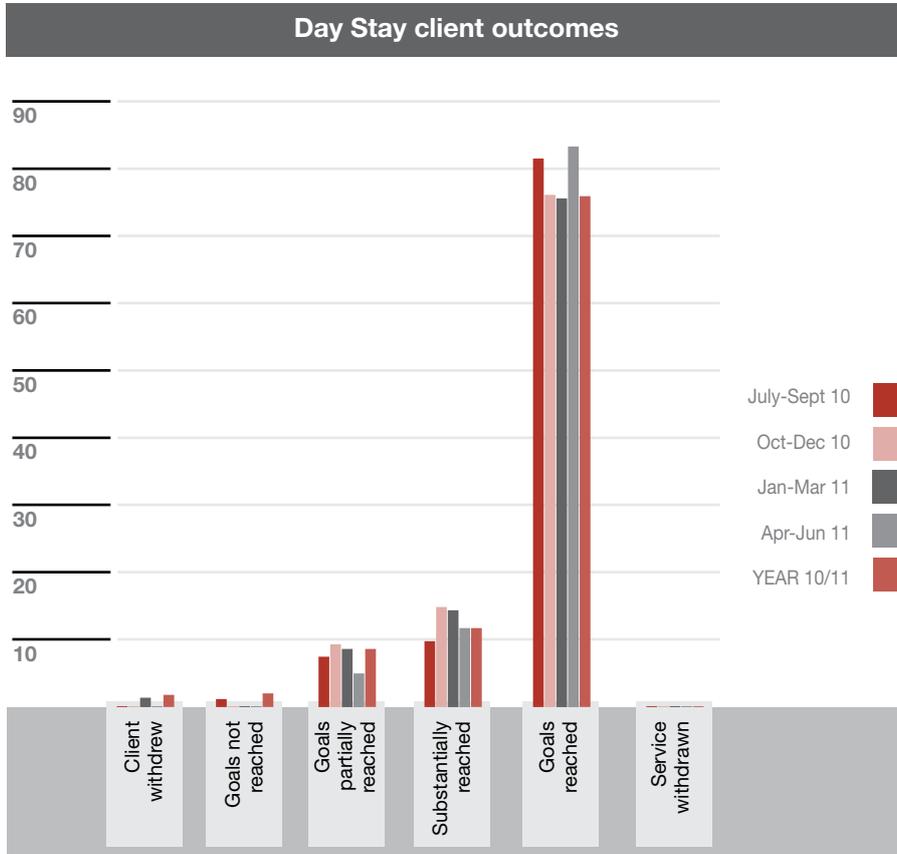
- Tools and approaches used by Tweddle to improve clients’ outcomes are benchmarked against early parenting services across Australia through the Association of Early Parenting Centres. The cycle that has been established routinely occurs once a year but the benchmarking framework allows benchmarking processes as needed.

- A business continuity plan was developed and implemented with communication to staff of its requirements.
- New project management tools were adopted to ensure any new proposals formally consider service, financial, OH+S and environmental issues and risks.
- Environmental monitoring has been improved. An environment management plan is in place and is regularly monitored with reports tabled and reviewed by the formal Environment and OHS committees with recommendations as needed to the Executive Committee.
- An evaluation form for assessing referral source satisfaction has been developed and implemented. The referral source evaluation form was developed as a result of partnership exercise with QEC. This review of referral source satisfaction using the new evaluation form will continue to ensure the transition to effective professional referral processes is smooth and does not impact or delay high quality client service. VicHealth Partnership tool for measuring the quality of partner relationships was adopted for all partnerships across the organisation.
- An ongoing continuous improvement cycle is embedded into the contracts management process. As each contract’s annual review is completed, key performance indicators are redefined and internal and external benchmarks identified and reviewed. This year the contract for the provision of IT support was reviewed.
- Policies and procedures were reviewed, notably
 - Dealing with aggressive clients
 - Employment policies
 - OHS committee processes and work planning
 - Decision making at Tweddle
 - Accounts payable and petty cash
- Baseline data for landfill, recycling, paper usage, nappy disposal and sanitary bins have been gathered. Ongoing cyclical analysis of environmental impacts is embedded in the environment committee’s meeting schedule.
- ACHS self assessment report was successfully completed and the mid cycle formal survey is scheduled for January/February 2012.
- A self assessment report was successfully completed for the State Government accreditation as a Community Service Organisation (CSO). The first formal on site survey for this accreditation framework will be undertaken in late 2011.

“I cannot thank Tweddle enough for helping me create the change I needed. I am truly grateful.”

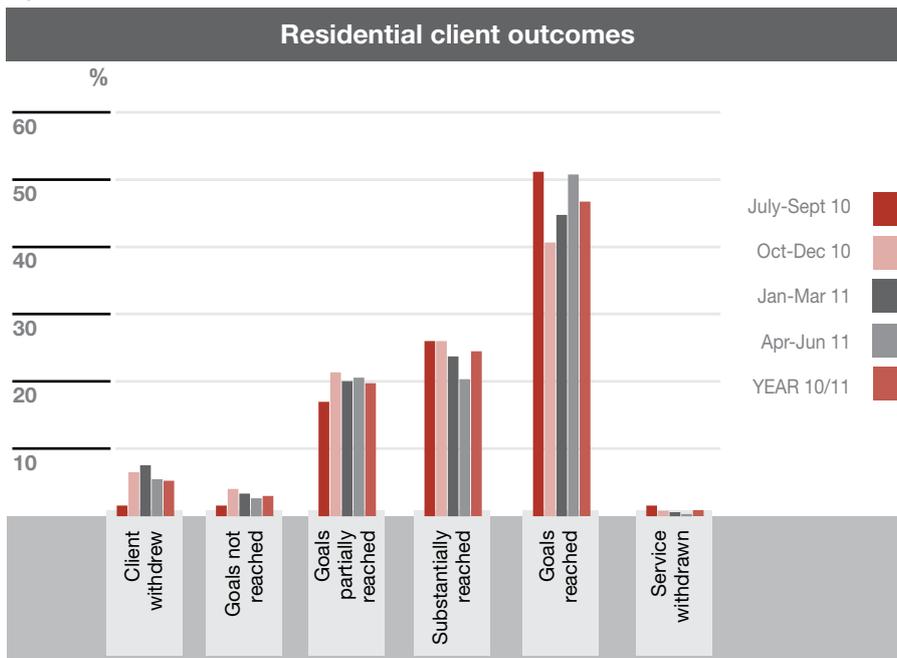


Figure 8.



"Thank you so much. You have no ideaart to finish. You guys held your hand to a drowning mum. Now I know I can survive. You gave me the tools. THANK YOU."

Figure 9.





Risk management

Quality assurance and risk management are strictly monitored and managed at Tweddle.

The Finance and Risk Review Committee reviews organisational risk and makes recommendations to the Board. A full risk scan is undertaken annually and a quarterly risk register is considered by the Board.

Quality and risk activities in 2010-11 included:

- Implementation of the Riskman incident management and reporting system
- Trial of a Victorian Managed Insurance Authority (VMIA) risk management tool
- Agreement on and communication to staff of a business continuity plan
- Implementation of health information audit recommendations implementation of recommendations from VMIA audit of risk
- Management policies, including linking corporate and clinical risk registers
- Scheduling of an internal audit for all purchasing and payments
- Implementation of new project proposal procedures to ensure that all proposals formally consider and account for environmental, financial and OHS risks
- Adoption of the VicHealth Partnership tool for measuring the quality of partner relationships

Client evaluation research was conducted to ascertain levels of satisfaction with service provision. The evaluations indicate the majority of clients are very satisfied with Tweddle's service and level of care. Any client suggestions are reviewed and, if appropriate, integrated into our practices.



Occupational Health and Safety

The Tweddle occupational health and safety committee has continued its work in 2010-11 and this year the committee membership has changed with the election of two new OHS representatives and the re-election of one representative continuing. Formal OHS training is scheduled for all members.

OHS meetings were regular and productive - output included incident monitoring and response, a revised OHS risk register, updated terms of reference for the committee, updated OHS&IC manual and OHS inspection reporting. An OHS plan for the year was also agreed.

Regular and spot OHS inspections continued throughout the year. All items for action were followed up.

Two storms led to some inundation in the residential unit with associated risks to electricity and therefore our fire and security systems. The incidents were addressed immediately, with risk management and investigations procedures followed up. All actions have been implemented.

On both occasions the facility was closed and clients sent home. Each time expenditure for repairs was made available - including redesign to ensure the risk of future flooding is mitigated.

Shifting of a concrete slab continues to present a tripping hazard. All trip risks are clearly tagged and taped and the Tweddle Board has agreed to fund repairs.

- All managers received OHS training
- Vaccinations for pertussis and influenza were offered to staff
- A new campaign promoting the Tweddle employee assistance program was launched with supporting communications.

WorkSafe Victoria attended Tweddle in February 2011 and inspected our policies and procedures for managing aggression in the workplace, particularly the management of client aggression.

A number of areas for improvement were identified and a notice served to address these. WorkSafe returned to ensure compliance in May 2011. The inspector was satisfied with the work done and compliance was achieved.

For the year there were 2 work place injuries reported resulting in work cover claims and a total of 12.2 days lost.

Declarations and Compliance

Risk Management Attestation

"I, Josie Rizza, certify that the Tweddle Child + Family Health Service has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposure. The Board of Management verifies this assurance and that the risk profile of the Tweddle Child + Family Health Service has been critically reviewed within the last 12 months."



Josie Rizza
Board Chairperson

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Tweddle Child + Family Health Service for the year ending 30 June 2011.



Josie Rizza
Board Chairperson

Attestation of Data Accuracy

"I Vivienne Amery, certify that the Tweddle Child + Family Health Service has put in place appropriate internal controls and processes to ensure Department of Human Services is provided with data that reflects actual performance. Tweddle Child + Family Health Service has critically reviewed these controls and processes during the year."



Vivienne Amery
CEO

Incorporation

Tweddle Child and Family Health Service is a Schedule 1 Public Hospital incorporated under the *Health Services Act 1988*.

Freedom of Information

There were 4 requests for information under the *Freedom of Information Act 1982*. All requests for information were responded to within the statutory time periods and no requests for review were received.

Building and Maintenance Compliance

The buildings and general infrastructure were maintained throughout the year. Extensive repairs were required to repair damage following severe storms in March.

Remedial work to repair damage caused by movement in the slab due to the drought has been undertaken. Full repair is scheduled.

Gift Benefits and Hospitality

Tweddle has established a gifts and hospitality policy and procedure and its requirements have been communicated to staff. A register for all gifts and hospitality is kept. The Finance and Risk Committee of the board annually reviews the policy and the register. In 2010-11 small gifts of appreciation from families were recorded. Formal attestation was made of Tweddle's procedures by the CEO to Government.

Environment

Tweddle has implemented an environmental management plan and an associated communications plan. The environment committee, chaired by the CEO, convenes monthly to lead and monitor progress with the plan and Tweddle's environmental performance. In all organisations there are a number of changes that can readily be made to reduce its footprint. Once these are done, it then gets more challenging – this is where Tweddle is currently.

The actions to date include:

- A grey water system and a network of water tanks are used to maintain the gardens
- The 'reduce, re-use and recycle' message is applied throughout the organisation
- Green purchasing policy implemented
- Baseline data for landfill, recycling, paper usage, nappy disposal and sanitary bins has been collected
- Double sided printing
- Move to electronic client records
- Separation of waste





Table 14. Environmental performance for the period from 1 April 2010 to 31 March 2011

Data	Quantity	Measure per FTE	Cost	Greenhouse Emissions 2011	Greenhouse Emissions 2010	Greenhouse Emissions	
				(tonnes)	(tonnes)	(tonnes)	
Electricity - General	100471	Kw	2511.78	\$13,417.00	132.62	154.48	-20.07
Electricity - Green	33490	Kw	837.26	\$4,472.00			
Natural gas	980719	Mj	4517.97	\$10,754.08	62.35	62.18	0.17
Vehicles	5541	Km	138.53	\$2,492.71	5.48	1.71	3.77
Other Transport Travel			0.00		0.00	10.96	-10.96
General waste	52760	Lt	1319.00	\$1,886.00	60.24	62.70	-2.46
Comingled – full	52760	Lt	1319.00	\$14,095.90	45.54	51.62	-6.08
Confidential paper	2640	Lt	66.00	\$466.20	7.20	1.80	5.40
Water consumption	1603	Kl	40.08	\$4,914.44	N/A	N/A	
Recycled water	62643	Kl	1566.08	\$0.00	N/A	N/A	
Paper	370	Rm	9.25	\$1,935.10	N/A	N/A	
Disposable nappies	20856	Lt	521.40	\$8,768.46	17.40	9.50	7.90
					330.83	354.95	-22.33

There has been an overall reduction in tonnes of greenhouse emissions at Tweddle. The pleasing results are the reduction in general electricity usage and the reduction by approximately one third in the amount of paper purchased/used. Significant challenges are faced in potable water consumption and reduction of waste to landfill.

Asbestos Management Plan

Our continuing objective is for all our buildings to be free of asbestos-containing materials. A management plan is in place to identify, monitor and remove any in keeping with updated legislations. We are committed to ensuring that we provide a safe environment for clients and staff of Tweddle.

Fire Safety

The Chief Fire Warden has conducted a fire drill and an audit of fire evacuation procedures. The Emergency Plan has been reviewed and updated. An external Fire Safety audit was conducted for our Geelong premises. Refresher training of fire wardens is scheduled.

Equal Opportunity and Workforce

The Tweddle workforce at 30 June 2011 was 40.6 EFT comprised of 68 permanent and part time staff on the payroll and a nursing bank of 18.

The professional profile of staff is as follows:

Registered Nurses	12.4
Early Childhood professionals	12.4
Psychologists	1.5
Social Workers	2.6
Accountants	1.0
Corporate support	10.7

Staff turnover for the year was 18%

Statement of Merit and Equity

Merit and equity principles are encompassed in all employment and diversity management policies, procedures and activities throughout Tweddle.

Medical Records

The maintenance of medical records was undertaken in full compliance with the Department Human Services and the Department of Health reporting requirements and the provisions of the *Privacy Act 1988* and the *Health Information Act 2003*.

Food Safety

The annual Food Safety Audit was conducted by Australian Food Hygiene Services in June with a successful outcome.

Whistleblowers Protection Act 2001

There were no disclosures under the *Whistleblowers Protection Act 2001*.

Consultancies

In 2010-11 Tweddle engaged no consultants for more than \$100,000 and general consultancies at a total cost of \$20,602.27.

National Competition Policy

Tweddle has regard to this policy in its acquisition of commercial goods and services.

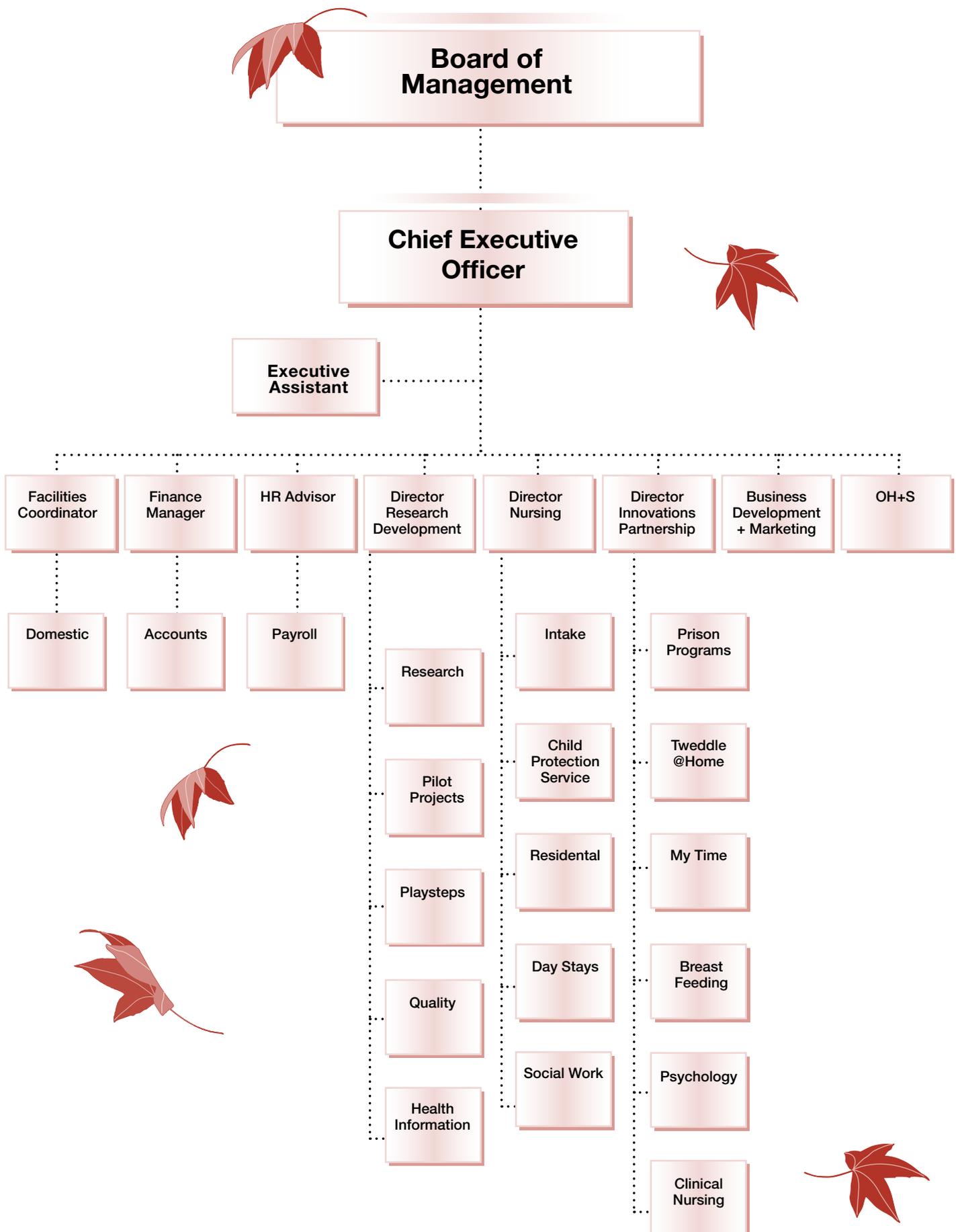
Victorian Industry Participation Policy

In 2010-11 Tweddle had no contracts or services relevant to the VIPP guidelines.

Other Information

Information required in accordance with FR22 of the *Financial Management Act 1994* has been prepared and is available to the relevant Ministers.

Organisational Chart



Governance & Accountability

Tweddle is accountable to the people of Victoria via the Honourable Mary Wooldridge Minister for Mental Health, Minister for Senior Victorians and Minister for Community Services.

A Board, appointed by the Minister for Health, the Hon David Davis sets organisational direction and strategy and monitors performance. The Board has adopted the Carver Model of Policy Governance to guide the fulfilment of its responsibilities and has established a range of policies that reflect that model.

A number of subcommittees of the Board are established to lead key areas of the business:

- Governance and Remuneration Committee, chaired by the Board Chairperson
- Finance and Risk Committee, chaired by the Treasurer
- Ends and Research Committee
- Fundraising Committee

All Board members participate on at least one sub-committee.

Board meetings are held every second month with special agenda meetings being held as needed. Finance and Risk Committee meets monthly and other committees meet at least four times per year. The Board also undertakes formal assessment of its own performance to ensure continuous improvement. This assessment has helped guide a targeted development program.

Board member professional development is offered and formal induction of new members to Board and organisational operations and practice is undertaken. Induction is coordinated by the Governance and Remuneration Committee.

The Governance and Remuneration Committee is also responsible for setting the CEO work plan and performance indicators and for formal assessment of CEO performance.

Tweddle, as a public hospital, is also required to comply with a range of legislation and health sector policy including government policies for financial and human resource management practice.

The Board reviews its policies and procedures each year and in 2010 -11 the Ends policy and budget policy were reviewed.

Key activities for the Board in 2010 -11 were:

- IT investment, in partnership with QEC
- Strategic plan development for the 2012-2017 strategic plan
- Review of "Ends" statement
- Review of budget policy
- Implementation of a new Board assessment process



Tweddle Board Members



	Meetings Attended	Position	Professional Affiliations/Employment
Ms Josie Rizza B Ec; Grad AICD; CA; Grad Securities Invest Aust; Grad Dip App Fin & Invest	9/9	Board Chairperson Chairperson, Governance + Remuneration Committee	Business Consultant Strategic Planning and Taxation Board Member and Chair, Finance Committee, Austin Health.
Dr Nicole Milburn BSc Grad Dip DPsych	8/9	Deputy Chairperson Chairperson Ends and Research Committee	Clinical Psychologist
Mr Michael Wild Bachelor of Business (Accounting) CPA	9/9	Treasurer Chairperson Finance + Risk Committee	Group Financial Controller.
Mr Michael Smith B.Com, CA	7/9	Member	Chief Financial Officer
Ms Marie Howard B.A., Grad Dip Early Childhood Studies, Cert IV TAA, Cert IV Frontline Management	5/9	Member	National Director, Early Learning Services, Mission Australia
Prof Susan McDonald B App Sc (Nurs); PhD; RN; RM; CHN	0/1	Member	Professor of Midwifery
Ms Melissa Afentoulis BA, BSW & Grad Dip Public Policy, Master of Public Policy & Management.	8/8	Member	Consultant Member VCOSS
Ms Simone Mathews Associate Diploma Applied Science	4/4	Chairperson Fundraising Committee	Laboratory Technician Local Resident Full time parent
Mr Rob Paterson Master of Management, Bachelor of Applied Science,	6/9	Member	Commercial Operations Manager
Ms Julie Freeman LLB, BA, Graduate Diploma (Natural Resources)	7/8	Member	Special Counsel (Lawyer) Local Resident
Ms Maureen Dawson Smith BA Dip Ed, MBA Health Administration Masters of Counselling Accredited Mediator (IARMA)	9/9	Member	Consultant Local Resident

Life Governors

Mrs Margaret Mangan
Mrs Margery Maskell
Mr Valentino Adami
Ms I Brennan
Mr Ian Broadway

Mrs Loris Charlton
Ms Julie Collette
Ms Prue Digby
Mrs Dianna Gibson
Ms Louise Glansville

Mr Kenneth Hambly
Ms Betty Hassold
Dr Nigel Hocking
Mr Graham Jasper
Mr Rod Jones

Mrs Denise McGregor
Mrs Gwen Redman
Ms Hilary Russell
Ms Lesley Yates

Thank-You to Donors



Total donations for the year ending 30 June 2011 were more than \$21,813.90

Tweddle is very grateful to the generosity of each and every donor. All monies are used to purchase assets or to undertake research for the establishment of new services.

Tweddle Child + Family Health Service Donations & Grants over \$500 for 10-11 Financial Year		\$
Diana Gibson		\$10,000.00
Ms J W Stephens		\$1,000.00
William Angliss Fund		\$10,000.00

Friends of Tweddle

Once again we are very grateful to our Friends.

These people volunteer to help when needed. They make donations or offer their expertise for Tweddle to deliver a new service or a better outcome for families.

Thanks go to each and every Friend.

Acknowledgements

Text - Action Words

Design - Sam Burrone Design

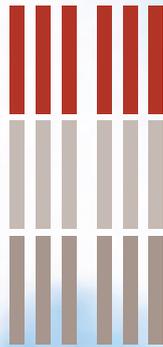
Pro Bono or "in kind" support:

Hall & Wilcox

Allens Arthur Robinson

Boyle Peter & Associates





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