



tweedle

child + family health service

PARENTING WITH CONFIDENCE

happy healthy families

Annual Report 2008 / 2009

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

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About Tweddle

Our Mission

Our mission is to provide parenting support and education to families residing in the north west of 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 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 with local communities

Tweddle has delivered its services from Footscray since 1920 – a heritage of which we are justly proud.



Service Summary

Tweddle is an early intervention and prevention health service. 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

Tweddle has delivered its services from Footscray since 1920 – a heritage of which we are justly proud.

Throughout this time, Tweddle has changed a great deal – from a hospital with a focus on the health of “foundling” babies, to a diverse health and parenting service responding to changing community needs.

As a publicly-funded early parenting centre, Tweddle provides a range of services to families with children up to 4 years of age living in the northwest regions of Melbourne and Victoria.

Services are now delivered both in partnership with other organisations and directly in the community.

Tweddle services include:

- Residential parenting programs.
- Parenting assessment and skill development service.
- Psychology services – group and individual support and counselling.
- Community-based day programs.
- Tweddle@Home – an in-home parenting service.
- In-home breastfeeding support.
- Parenting support for families with children with special needs.
- Parenting and relationships education and support for both mothers and fathers in prisons.
- Parenting advice and support through books and multimedia.
- Advocacy on key parenting issues facing families in our community.

Key Partners

Action Words

The Austin Hospital, Parent Infant Research Institute
 Australian Association of Parenting & Child Health Inc
 Baptcare Family Services
 Best Start Brimbank
 Best Start Maribyrnong
 Best Start Melton
 Best Start Wyndham
 Brimbank City Council
 Broadmeadows Uniting Care
 Caroline Chisholm Society
 Centacare
 Children's Protection Society
 Dame Phyllis Frost Centre
 DASWest
 Department of Education and Early Childhood Development
 Department of Families, Housing Indigenous and Community Services and Indigenous Affairs
 Department of Human Services including Child Protection Services
 Djerriwarrh Health Services – Melton Health
 Good Shepherd Family Service
 ECMS Ltd
 Hobson's Bay City Council
 Hume City Council
 Ian Potter Foundation
 ISIS Primary Care
 Key Centre for Women's Health in Society – University of Melbourne
 Lady Gowrie Child Centre
 La Trobe University

Lord Mayor's Charitable Fund
 MacKillop Family Services
 Maribyrnong City Council
 Melbourne Assessment Prison
 Melbourne City Mission
 Melbourne Remand Centre
 Melton Shire Council
 North West District Health Service
 North Western Welfare Alliance
 Northern Health – Craigieburn Health Service
 O'Connell Family Services
 Orana Family Services
 Parenting Research Centre
 Port Phillip Prison
 The Queen Elizabeth Centre
 Raphael Centre
 R E Ross Trust
 RMIT
 Royal Children's Hospital – Community Centre for Child Health
 The Smith Family
 Spirit West Services
 St John of God Hospital
 Terang and Mortlake Health Services
 United Way
 Victoria University
 Western Bulldogs
 Western Health
 William Angliss Trust
 William Buckland Foundation
 Women's Health West
 Wyndham City Council



Key takeouts for 2008/2009

- Opening a new facility for parenting services in Geelong.
- Establishment of longer term psychology support services.
- USA study tour to 'Zero to Three' Conference.
- Strong outcomes in Healthy Brimbank Babies Program.
- Commencement of a major review of clinical practice.
- Purchase and roll out of new computerised intake and assessment tool and database.
- Expansion of MyTime to six groups across the western region.
- Introduction of new enhanced security services and systems.
- Review of client evaluation surveying and reporting.
- Introduction of new organisational performance monitoring and reporting system.
- Inclusion of a review of PASDS in the ongoing work on a Victorian strategic framework for early parenting.
- Completion of the Tweddle workforce plan – implementation commenced with the appointment of an HR advisor.
- Introduction of a style manual to ensure consistency of image and presentation across all marketing communications.
- Loss of community day stay programs in Williamstown and Epping.

Tweddle is committed providing the earliest and most effective intervention and prevention services possible to vulnerable families.



Chairperson's Report

We are all shocked and distressed when we hear of a child being injured, or worse. And it happens all too frequently.

The view that we, as a community, are all responsible for the care and safety of children is absolutely correct. That's why I am pleased to be at Tweddle – especially now, when Tweddle, as a community service organisation, has reaffirmed its commitment to looking after the best interests of children and providing the earliest and most effective intervention and prevention services possible to vulnerable families.

The directions that Tweddle has set are based on three fundamental objectives:

- We must provide a broad range of services to meet the needs of diverse communities and family needs.
- We must work hard to ensure that those services are of the highest quality, designed to meet specific family needs.
- Services must be accessible, timely and based on sound evidence of positive outcomes.

So how do we achieve these objectives?

While services must be provided where people live, it is very

expensive to run some of our more intensive residential services. Hence the need to centralise these programs in a location that is readily accessible, especially by public transport. The centre must also be located where it can link and partner with a range of other services.

The Board has therefore committed to a service model that can best be described as "hub and spoke". We will continue to provide a central service and facility, which will be supported by a range of outreach services provided in partnership with local health and community services. Tweddle will stay in Footscray and work with government and the City of Maribyrnong to undertake a major capital development program on our current site.

This is a very exciting decision and our commitment to Footscray couldn't be better timed. With the new facilities of our neighbours, the Western Bulldogs, at Whitten Oval, and the regional development of new housing and other important community services, a community precinct focused on health and wellbeing is emerging – close to trains, trams and buses.

We are well progressed on bringing our new facility to reality. Concept plans have been drawn up for how the site might be developed. Initial conversations and meetings have also taken place with local planning and council authorities, federal and state politicians, and importantly, with the Department of Human Services.

Significant growth in the north west corridor of Melbourne and overall population growth is increasing the demand for Tweddle's services. We must increase our capacity to manage this demand, which means our facility needs to grow.

Another aspect of developing a new facility is recognition that service needs have changed. Tweddle is being called upon to provide a much more diverse range of services for the very vulnerable in the community, as well as for families facing less complex issues. To accommodate the different services for those different needs, the facility itself needs to be different.

The timing of Tweddle's new direction is ideal. We are very proud to say that next year will be our 90th birthday. Renewing Tweddle as a celebration of those 90 years of continuous service in Footscray will be a wonderful message for the community.

This year Tweddle has been able to look forward to a positive future, embracing the opportunities that new directions and program initiatives for early childhood and young families are creating for early parenting services.

On the down side, we were very disappointed that our services in Williamstown and Epping had to close because of changes to the funding admission guidelines for hospitals. We have been working with government, specifically with Department of Human Services and Ministers Andrews and Neville, to address this situation. We gratefully acknowledge that a one-off grant has been provided to help us manage transitional demand issues. We will, however, continue to work with government to find a longer term solution.

I would like to thank my colleagues for the excellent teamwork of the Board this year. It is a privilege to work on this Board, to enjoy the shared commitment, to access the wonderful expertise and to work together in the best interests of our children.

I would also like to thank outgoing Board members, Jo McMillan and Clare Malcolm.

We are indebted to Jo and Clare for their excellent advice, particularly when it comes to strategic communications and the machinery of government.

Finally, I would like to thank our CEO, Vivienne Amery, and her team for the commitment and passion that they have again displayed in the past 12 months. Under Vivienne's leadership, Tweddle and its staff have touched the lives of many families in various positive ways.

Michael Smith



CEO's Report

The emphasis on the early years as critical to a person's health and wellbeing.



Change is a constant. Every organisation in our hectic modern world must embrace this truism as a foundation of its practice.

Located in and near major growth corridors of Melbourne's north and west, our services are provided in the context of significant increases to birth rates in a time when family and community needs are becoming more diverse and complex.

Changes taking place also reflect a shift in Australian and Victorian early childhood policy. The emphasis on the early years as critical to a person's health and wellbeing has grown. This view is now widely accepted and new policy directions are being developed accordingly.

Tweddle is pleased to support changes of policy in mental health (especially perinatal mental health), disability services, child protection and the review of PASDS, as well as new directions out of in home care.

This year Tweddle has focused its efforts in three key areas:

- Working with government to support new policy directions for families and early childhood.
- Service model development for responsiveness to diverse and complex needs flexibility.
- Ensuring practice is evidence based and underpinned by the principles of attachment theory.

The development of a statewide strategic framework for early

parenting services is now well advanced, with a draft to be released in late 2009. This incorporates a statewide review of parenting assessment and skills development services provided for child protection services.

Directions have been established for improved perinatal mental health support for families. Other outcomes of the review are likely to focus on improved access and intake processes, stronger integration of services and agencies providing services to young families, and a clear positioning of early parenting centres as part of the continuum of care for both health and community sectors.

A major practice review and organisational development program is currently taking place.

Key elements of this review are:

- Reviewing the admission cycles to ensure comprehensive program delivery to all families admitted.
- Further development of the multidisciplinary team approach.
- Fully embedding principles of attachment theory into the services we provide to families.
- Targeted professional development and training in a number of areas of clinical practice, including attachment theory and the US model known as Circle of Security.

We are encountering a widening variety of family environments and parenting and family contexts. To keep our services relevant and effective, we need to continuously review and improve our practice and how we provide those services.

Research activity during 2008/09 has been significant and a new research plan has helped focus these important activities.

Research well under way:

- National Health and Medical Research Council (NHMRC)-funded study into the effectiveness of early parenting services and their impact on maternal mood. This study includes all three Victorian public early parenting centres and a private sector early parenting centre admissions. This study will hopefully be released in late 2010/early 2011.
- Parenting Research Centre-led study into parent fatigue and its impact on effective parenting.

Research has also commenced on:

- Impact of different lengths of residential stays and their impact on service effectiveness.
- Effectiveness of day stay services and their impact on maternal mood, infant health and family functioning. This project is led by the Key Centre for Women's Health in Society at Melbourne University.

The wealth of data being collected and the evidence-based research being undertaken is resulting in a consistent and collaborative approach between the three publicly-funded early parenting centres in Victoria. Significant service development improvements are being made possible through the sharing of knowledge and services trialled at the different centres.

For example, with the support of perinatal mental health funding work has been done to develop consistent mental health screening. The EPCs are also working together to develop other mental health support services appropriate to our early parenting settings.

Another example of good collaborative practice is the sharing of a new intake and access system developed by The Queen Elizabeth Centre (QEC) specifically for early parenting centre admissions. The triaging system, called CAIS, is evidence based and researched. Tweddle has purchased and implemented the system to improve targeting of clients to the services needed. CAIS will also provide us with a large pool of consistent data to support further research and development and business decision making.

Our financial report is good. I am extremely pleased to report that we have achieved a break even budget for Health Service Agreement (HSA) services for the first time since I commenced at Tweddle in 2004.

Our annual accounts are reporting a surplus. This is because of two one-off grants for specific purposes received at the end of the financial year: \$100,000 for management of demand in the transition after the closure of services in Williamstown and Epping, and a \$75,000 perinatal mental health service grant from state government. In addition some investment profits for the year have been recognised in the profit and loss.

Once these abnormal are stripped out, the figures still reveal the pleasing result that we have essentially broken even, reporting a very small deficit for HSA.

Finally – as always, I am in awe of the commitment and dedication of Tweddle staff. I sincerely thank each and every member of our amazing team for their efforts in providing a consistently high quality of service, especially in a year where growth in demand has stretched us all.

Vivienne Amery



Strategic Goal	Activity/Objective	08/09 Outputs	09/10 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	Strengthened relationship with La Trobe University Agreed research directions for 2009/10 and new annual research plan adopted	Complete current research on residential services and parenting fatigue Undertake research in the effectiveness of day stay services Participate in new funded national partnerships on infant sleep and settling, fatherhood and early childhood development
Services Extend services to meet community demand	Tweddle@Home	Targets met in June 2009 New marketing strategy developed and implemented May 2009. Health insurance cover under review by industry	Sustain high level of service delivery - service to return on investment made
	Tweddle@Geelong	Tweddle-owned property established as an ongoing service for parenting support in the Barwon and Surf Coast communities	Develop property to enable programs for more diverse family needs, especially children older than 12 months
	Community Based Day Programs	Loss of services in Williamstown and Epping Receipt of grant to provide transitional service support to manage demand as a result of service closure	Continue negotiations for recurrent funding to re-establish services in growth corridors Establish a day service with the Australian Vietnamese Women's Association for the Brimbank community Service to be trialed and evaluated
	Healthy Brimbank Babies	Brimbank regional service delivered and exceeding targets	Establish longer term program to build on success to date
	Expansion of Community Based Day Programs	Geelong service established, and new services in rural Victoria being considered	Manage the anticipated service loss in north and west regions of Melbourne
	MyTime	Established six groups in Melbourne's west for parents with children with a disability/ chronic illness	Consolidate the program to ensure ongoing viability of the established groups
	Psychology Services	Established long term post natal depression support for local families Gained commonwealth funding to support screening and service delivery for families facing perinatal mental health issues	Work with government to provide a broader perinatal mental health service in early parenting services

Strategic Goal	Activity/Objective	08/09 Outputs	09/10 The way ahead
People Grow capacity of our people	Strategy	Adopted a comprehensive workforce management plan Appointed new role of HR Advisor	Strengthen organisational cultural competence Implement new induction programs Implement new performance management system
Innovation Provide value through change	Practice Development Pilots and Trials	Development and agreement of an operational plan for new directions in clinical practice Conducted Team Parenting pilot program	Complete clinical practice development project and introduce new agreed service model
Infrastructure Provide facilities and systems that support the future of Tweddle	Information Management	Purchase and development of triage and client information management system (CAIS) Implementation of new financial systems	Develop stage two of Parent Information Management system for clients from admission to discharge (PIMS)
	Environmental Management	Set targets for waste and energy reduction Implemented a green purchasing policy	Install a grey water recycling system to reduce potable water usage
	Contract Management	Security services reviewed and new higher level service and system installed Web site redevelopment contract tendered	Market test outsourced IT services and support systems Rollout updated web site
	Facilities	Developed Capital Plan Presented plan to key stakeholders	Continue capital planning work Implement capital fundraising plan
	Governance	New organisational performance monitoring and reporting framework implemented	Implementation of revised board evaluation tool
Partnerships and positioning Develop our reputation and partnerships	National Partnerships	Work with local government to support service provision to vulnerable families Conference and workshop participation and presentations accepted for four national conferences Submissions for the establishment of new programs and networks to ARACY	Undertake national project work in the areas of fatherhood and early parenting and infant sleep and settling strategies with partner research agencies Host seminars for visiting US expert working with vulnerable families

Our services are provided in the context of significant increases to birth rates in a time when family and community needs are becoming more diverse and complex.



Parenting Services

tweddle Parenting Services

Intake

Intake provides a telephone consultation to families and professionals contacting Tweddle for help. The intake team assesses presenting factors and either refers a family to an appropriate Tweddle program or to other relevant services, including community health support or more acute services if assessed as needed. During the year, intake has responded to almost 5000 requests for a consultation and triaged 2150 families into a program.

Tweddle continues to have a waiting time of about two weeks for its telephone consultation service. This is clearly too long, and presents an unacceptable level of risk to the families seeking our support.

Reducing waiting times is a difficult task, faced with a finite budget and increasing service demand. A detailed review of intake systems and processes is under way, and the Board will set targets for improvement of response times.

Table 1. Intake Data

	2006-07	2007-08	2008-09
Prebook consultations	5341	4731	4972
Health professional consultations	376	279	245
Families admitted to a program	2295	2034	2150
No. of families who received information	N/A	2429	1747

Families attending Tweddle are diverse. Our programs strive to support this diversity.

New Intake Systems

To assist in the decision-making process and ensure that parents enter the program that best meets their needs, Tweddle has investigated, purchased and installed a customised software package called Client Assessment and Intake Software (CAIS). This software was developed by the Queen Elizabeth Centre to enable greater consistency in the assessment and triage of families into early parenting services.

CAIS looks at a number of risk factors (such as the strength of the relationship between mother and infant) and protective factors (such as how well the parent is using universal services like the maternal and child health service or GP) and weights these factors. By assessing a broad number of factors and applying a weighting it provides a score. The score then forms the basis upon which a family is triaged into a specific service.

CAIS is helping intake staff to allocate families according to their responses to consistent, evidence based questions. It is also helping ensure that families with the greatest need are provided with a timely service.

Tweddle anticipates that the major benefits of CAIS will be that:

- Families will be admitted to a program that best meets their needs.
- The waiting time for admission for a program may improve.
- Scarce resources will be used in the best way possible.
- Families will receive a consistent level of service across two early parenting programs.
- Data collected across Victorian EPCs will be consistent and form a strong basis for early parenting research.

Residential Unit

The residential program provides a supported environment in which parents can explore and develop confidence in their parenting skills.

Tweddle offers two, three and four night programs. On arrival parents receive an intensive level of support to develop their parenting skills. As the program progresses, staff gradually reduce the level of support they provide to parents, strengthening their problem-solving skills before returning home.

Programs include individual family work, group work and the opportunity to meet and talk to other families experiencing similar issues or with children of a similar age. A range of strategies is discussed with each family and programs are designed for the family context and family goals. Participants have the opportunity to access social and mental health support services if needed.

Families attending Tweddle are diverse. Our programs strive to support this diversity. Other family members are also invited to attend. Grandparents are encouraged to be part of the program.

Tweddle's broader clinical team was strengthened with the appointment of a new Clinical Nurse Educator and a Clinical Nurse Consultant. These positions support our whole clinical team across all services. Staff develop skills in caring for parents and children, explore practice, and look at new and emerging evidence on the changing needs of parents and at new practice models.

Table 2. Service Admission Data 2008/09

	2006-07	2007-08	2008-09
No. beds available each day of operation	7 (M-F)	7 (M-F)	7 (M-F)
(Closed Alternate Weekends)	5 (S&S)	5 (S&S)	5 (S&S)
Clients discharged	1,732	1,639	1676
Families discharged	627	605	616
Clients admitted for one day	41	34	34
Average length of stay (days)	2.78	2.66	2.67
Total No. of Bed Days	4,762	4,350	4482
Occupancy (%)	109.25	115.78	109.47

Figure 2. Family Risk Factors on Discharge 2008/09

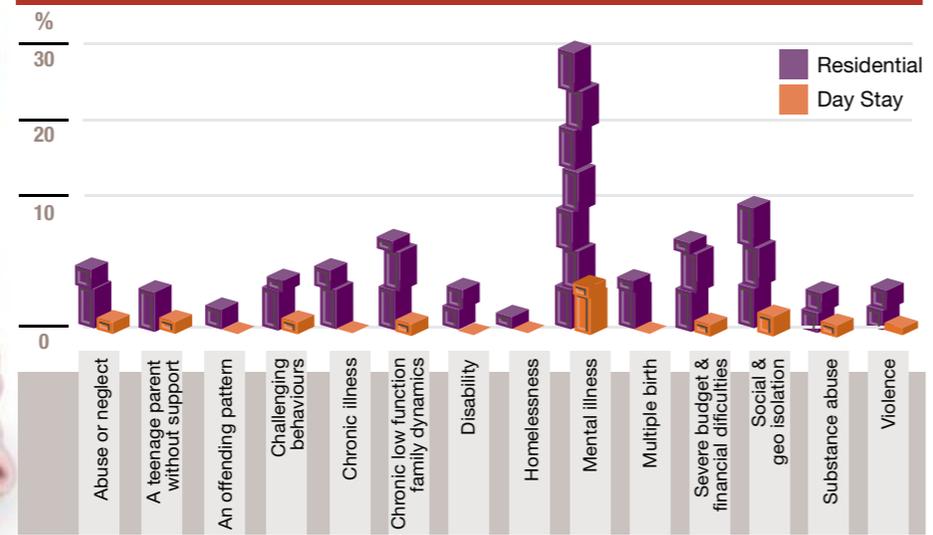
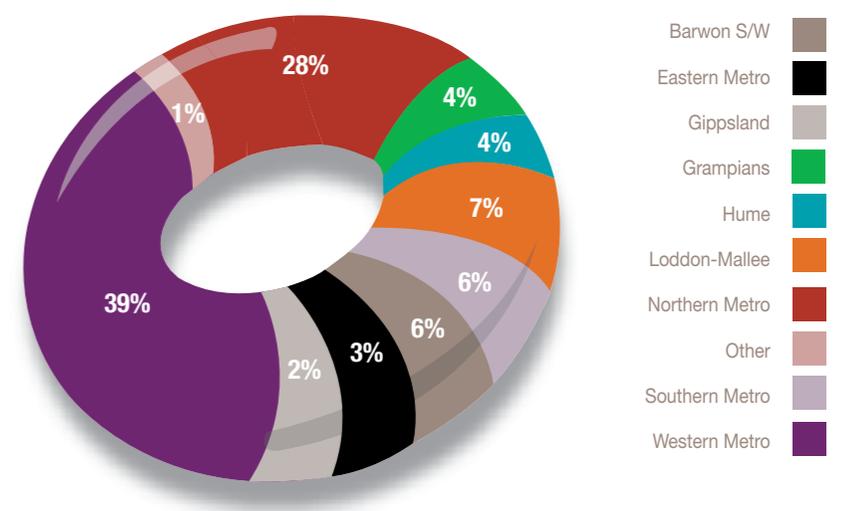


Figure 3. Residential Unit – Family Admitted by DHS Region



Preparing for the flu epidemic

The outbreak of "swine flu" led to an audit and review of infection control, admissions and other relevant processes to manage any potential outbreaks and limit any potential spread between families and staff.

The exercise in tested practices and procedures led to further refinement of policies.

Moving practice forward

A project team was convened to explore the literature about attachment theory and how it could further apply to Tweddle's parenting program.

Staff attended training on a specialised program called The Circle of Security, which focuses on improving the quality of the interaction between the parent and the child. The program reminds parents that children need a safe space in which to explore and develop.

A group of key specialists and team leaders from Tweddle staff attended a workshop to look at ways of embedding attachment theory into Tweddle programs. A number of working groups have been established to work on the ideas and themes from the workshop and to make recommendations to management for practice and organisational development.

The workgroups are:

Innovation in Practice - Workgroup 1

Priorities include:

- Developing admission processes including preadmission work with families and minimising waiting list risk.
- Learning from new CAIS data and information.
- Day-stay review of practice.

Developing Clinical Practice - Workgroup 2

Priorities include:

- Benchmarking practice nationally.
- Revisiting the application of models of family partnership, including C-Frame.
- Professional development planning.

Using Practice More Effectively - Workgroup 3

Implementing new ways of working together across the organisation and in parenting group work.

Program Review - Workgroup 4

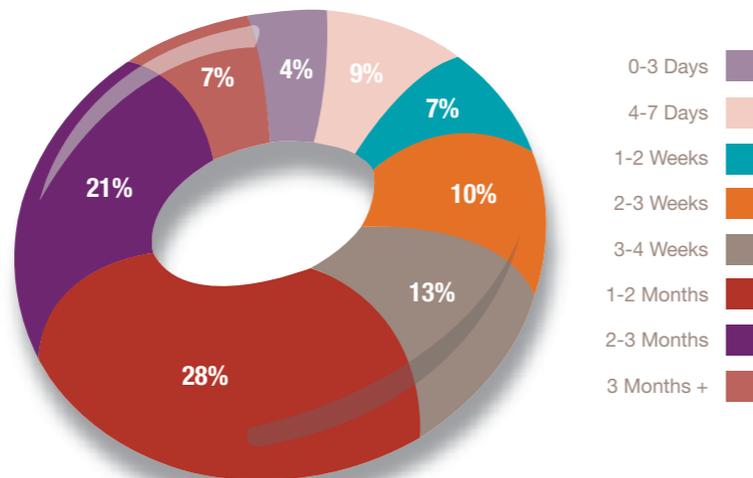
A general overview and analysis of all programs.

The current admission cycle is also being reviewed. This will enable practice development opportunities to be incorporated into all our programs. The admission cycle will be reviewed to account for meeting required government targets, managing our waiting list and demand and ensuring that the program is of an adequate length to meet a family's goals.

It is anticipated that any changes or new directions from the review will be trialed in early 2010. All developments will focus on improved outcomes for families, be mindful of the need to care for our people, and seek to achieve change with no impact on budget or contract targets.

All developments will focus on improved outcomes for families.

Figure 4. Residential Program – Waiting Times for an Admission



This program is designed to help parents to recognise and understand their parenting expectations.



Social Support Program

The Social Support program provides a comprehensive service to parents, as individuals or as couples.

Parents present to the social support team with a range of issues - commonly difficulties around transition to fatherhood and unrealistic expectations of parenting. Families also face difficulties with the parenting relationship, finances, and in some cases relationship breakdown. Maternal exhaustion, sleepless nights for both parents and work pressures are issues that parents struggle to contain or resolve.

Referrals to GPs and offering strategies for time management and/or working together

as a couple are some of the ways we have worked with families to address these issues. The program has also offered more services to fathers this year through one-off assessment and counselling sessions, either with their partner or alone.

An important component of all social support work is the provision of parenting information and referral for community and family support. The link into community services has continued, but long waiting times have continued to be a problem, especially for couples experiencing financial or counselling needs.

We have seen more mothers anxious about leaving their babies in care and returning to work earlier than planned because of family financial pressure.

Table 3. Social Support Referrals Profile

Assessment	Outcome				
	2007-08	2008-09			
Reason for referral	2007-08	2008-09	Risk factors at end of consult	2007-08	2008-09
Domestic violence	11.29	27.91	Domestic violence	18.55	15.12
Stress / high anxiety	12.90	68.02	Stress / high anxiety	14.52	23.84
Primary relationship	0.00	40.70	Primary relationship	61.29	68.02
Other relationship	12.10	12.79	Other relationship	56.45	38.95
Disability parent or child	8.87	12.79	Disability parent or child	6.45	5.81
Sexual abuse	4.03	7.56	Sexual abuse	0.81	0.00
Drug and Alcohol	3.23	47.67	Drug and Alcohol	10.48	8.72
Financial	2.42	27.91	Financial	66.13	48.26
Parenting	8.06	14.53	Parenting	38.71	29.07
Other - grief and loss	10.48	40.70	Other - grief and loss	14.52	0.00
- Isolation	0.00	19.77	- Isolation	13.71	6.40
- Transition to parenting	0.00	10.47	- Transition to parenting	27.42	22.67

There have also been more families requiring follow up by the social worker over a longer period to make sure they have been successfully linked into community services. This year the service supported 172 families. The number of referrals for ongoing support increased by 7% to 27.92%.

Team Parenting Program

This program is designed to help parents to recognise and understand their parenting expectations. It explores factors that influence their approach to parenting, including the impact of family-of-origin ideas and beliefs, established roles within the family, approaches to communication, adapting to being parents together and maintaining their relationship as a couple. Team Parenting is a pilot program offering parents two-hour sessions one evening a week for three weeks.

The program works with parents to develop strategies for change.

Feedback from the sessions has been positive. Families have commented that they came for parenting, but learned more about themselves. This has helped them to parent more successfully as a team, and to understand themselves and each other better. All families attending have identified that they need better skills to communicate and listen to each other.

Couples are offered two family therapy counselling sessions after they have attended the three Team Parenting sessions. Five couples have attended two sessions each, with one family attending three. Two couples were referred to Relationships Australia.

The Key Centre for Women's Health in Society at Melbourne University has been engaged to formally evaluate the program.

Team Parenting generously supported by funding from the R E Ross Trust and The Commonwealth Bank Staff Community Fund.





PASDS

Parenting Assessment and Skill Development Service

The Parenting Assessment and Skill Development Service (PASDS) is a program established as a component of the Department of Human Services (DHS) High Risk Infant initiative. The initiative seeks to enhance parenting and ensure the safety and best interests of young children.

- PASDS has two major components:**
- Providing assessment of parent skills for DHS and the legal system in making decisions about the care and safety of a child.
 - Developing parenting skills as part of the support to a family enabling a child to be safely cared for at home.

Table 4. PASDS Admissions 2008/09

	2006-07	2007-08	2008-09
No of families	46	46	47
PASDS clients	129	136	127
PASDS client bed days	916	1014	981
PASDS Clients average length of stay	7.08	7.03	7.66
No of day stay programs provided	13	13	17
No of visits provided	57	29	80

We were pleased this year to support the City of Greater Geelong to deliver PASDS services in that region.

DHS Protective Services initiates referrals for families.

Tweddle has a responsibility to provide DHS with an independent, objective assessment of a range of parenting competencies and to identify family issues that impact on parenting and safety of the child.

The focus of PASDS is on the best interests of the child. It seeks to ensure that the child has an opportunity to develop in a safe and nurturing environment.

The program creates an opportunity for parents to demonstrate and build on their existing parenting strengths and develop new knowledge and skills that enhance their parenting and relationships with their child.

Family circumstances are often very complex. Staff in PASDS work in an expert multi disciplinary team to provide comprehensive support and assessment to the family and the broader child protection team.

Families attending the program have responded well, with the majority able to readily identify improvements in their parenting and their relationships with their child.

There has been high demand for Tweddle's intensive 10-day PASDS residential program. At times, the level of demand has exceeded capacity.

During the year, 47 families participated in the residential program. Referrals were primarily from the DHS north western region, with referral from five other DHS regions.

Work has continued with DASWest to provide a specialised drug and alcohol PASDS program with short term follow up visits. Six families attended the drug and alcohol program.

A specialised PASDS day stay program is provided to a small number of clients, mostly pregnant adolescents, to assist in their preparation and transition to being parents. Fourteen families attended the specialised day stay program.

A Commonwealth grant has been received to develop a program working with young parents during pregnancy and early parenthood.

We were pleased this year to support the City of Greater Geelong to deliver PASDS services in that region. Tweddle provided specialist support two days a week for five months. It is pleasing to be able to adopt a team approach between agencies to ensure necessary supports are provided to families.

A major change this year has been the establishment of a dedicated PASDS team and the appointment of a PASDS manager to lead further development of the team and expert skills.

Until 2009, all staff were rostered on rotation through PASDS and general admission programs. With increasingly complex and vulnerable families participating in the program, service continuity and the ability to strengthen and grow team expertise was critical.

PASDS review

The PASDS program accepts direct referrals from DHS High Risk Infant Managers. The major priority is child protection, with very high level assessment of parenting skills and competency statements of parents whose child is at risk of harm.

Various service models have been developed over time in response to differing child protection presentation and needs in the local community. They range from home visits to day stay and residential services.

The last review of PASDS services was in 2001.

DHS is currently undertaking a review of Early Parenting Centres (EPC) to align their services within the scope of reforms to the child and family service system.

An outcome of this process is to reassess PASDS services, with a view to developing consistent protocols and a common data set to assist in the evaluation of the overall PASDS program.

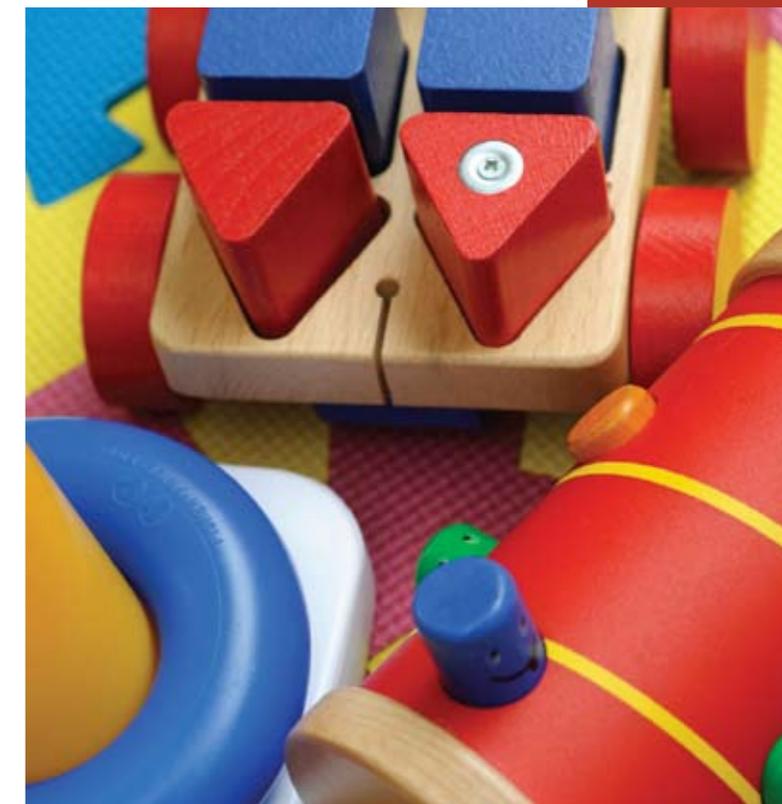
The review is addressing such important issues as how the program should function in the future, the outcomes for clients, and what needs to be done to achieve key objectives.

Initial consultations and discussions have been conducted, and it is anticipated that the final report will be released in late 2009.

Engaging with Child First agencies

Child First agencies receive referrals concerning vulnerable children and their families where there are significant concerns about the children's wellbeing.

The agencies were established to provide families with a readily accessible point of entry into an integrated local services network



delivering early intervention child and family services.

Four Child First agencies have been established within the western region, and Tweddle staff have attended a number of briefing sessions about the role of the agencies and referral pathways.

Families identified by Tweddle staff as requiring Child First services are now referred directly to local agencies, which is helping to strengthen effective and seamless service delivery for vulnerable families.

Community Programs

tweddle Community Services

Community Programs

With the Tweddle Board's commitment to the "hub and spoke" model of service, the delivery of services that include the large number of new communities in the north west of Melbourne is our main focus.

The loss of services in Williamstown and Epping was an enormous disappointment. We are working with government towards reinstating these services for long term access by local families.

We are also currently planning to trial a new service for Vietnamese families in Brimbank and continue to explore opportunities to provide services in new clinics and health services opening in Melbourne's north and west.

We are also looking at new ways of delivering community services, either in partnership with local services or through in-home visits.

While Tweddle is very proud of the range of services it now provides, much more can be done to meet community needs.

Table 5. Day Stay Admissions – DHS funded Services 2008/09

	Maribyrnong	Wyndham	Geelong	Total
2006/07				
Individuals	1332	182	N/A	1514
Families	554	80		634
2007/08				
Individuals	1166	147	178*	1491
Families	471	64	74	609
2008/09				
Individuals	1068	187	328	1583
Families	444	79	144	667

*Figures for Geelong for period January to June 2008

Table 6. Day Stay Admissions – Collaborative Services 2008/09

	C'Burn	Epping	Geelong	Melton	Terang	W'town	Total
2006/07							
Individuals	N/A	310	N/A	444	380	626	2071
Families		138		186	162	267	887
2007/08							
Individuals	209*	314	206**	594	332	641	2343
Families	90	136	83	252	148	268	995
2008/09							
Individuals	329	N/A	N/A	547	293	281	1450
Families	141			226	131	116	614

*Craigieburn Day Stay Program commenced September 2007

**Figures for Geelong for period July to December 2007

Note: Performance reporting for Geelong documented in Tables 5 + 6 as funding arrangements for program changed in January 2008

Tweddle@
Geelong the
first new facility
opened by
Tweddle in
many years.



Change in DHS funding resulted in discontinuation of two community Day Stay Programs:

- Hobson's Bay: in Williamstown, in partnership with Western Health closed December 2008.
- Whittlesea: in Epping, in partnership with Northern Health closed August 2008.

Early Parenting Day Stay Programs

Tweddle's Early Parenting Day Stay Programs provide support for families with young children.

Families that need additional support are offered a day admission to assist them with their development of parenting skills. The programs also support and enhance family services offered by health professionals within the local community.

During this year, Tweddle has continued to provide successful early parenting day programs in six municipalities around the state:

- Barwon: in Geelong at the Raphael Centre, in partnership with St John of God Hospital.
- Corangamite: in the town of Terang, in partnership with Terang and Mortlake Health Services.
- Hume: in Craigieburn at Craigieburn Health Service, in partnership with Northern Health.

- Maribyrnong: three programs offered in Footscray.
- Melton: at Melton Health, in partnership with Djerrivarrh Health Services.
- Wyndham: in Werribee.

Tweddle@Geelong

A new permanent day stay service in Geelong was officially launched by the Hon Lisa Neville, Minister for Community Services and Member for Bellarine on 15th May 2009. This is a very exciting new service - the first new facility opened by Tweddle in many years.

For 18 months, between June 2007 and December 2008, Tweddle and St John of God Raphael Centre piloted a day stay program in Geelong to test service effectiveness and regional demand.

The program provided support and assistance to new parents with children up to the age of 12 months. Demand for attendance remained high throughout the pilot period and families reported positive outcomes.

Figure 5. Waiting Times for Admission to a Day Stay Program 2008/09

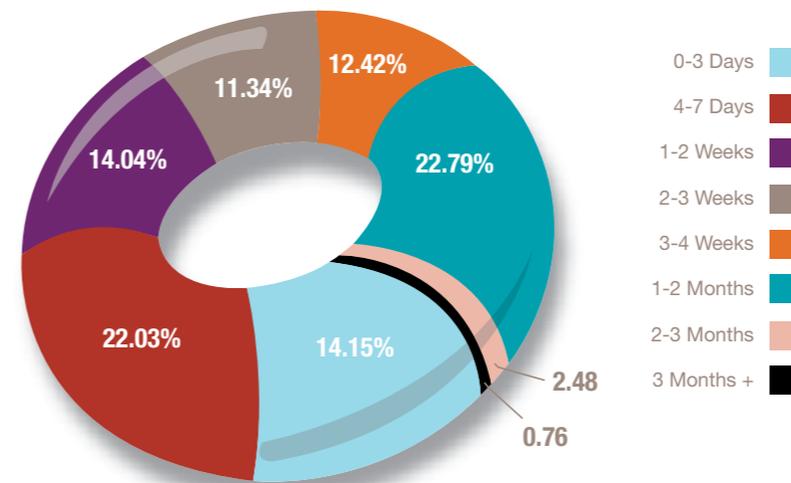
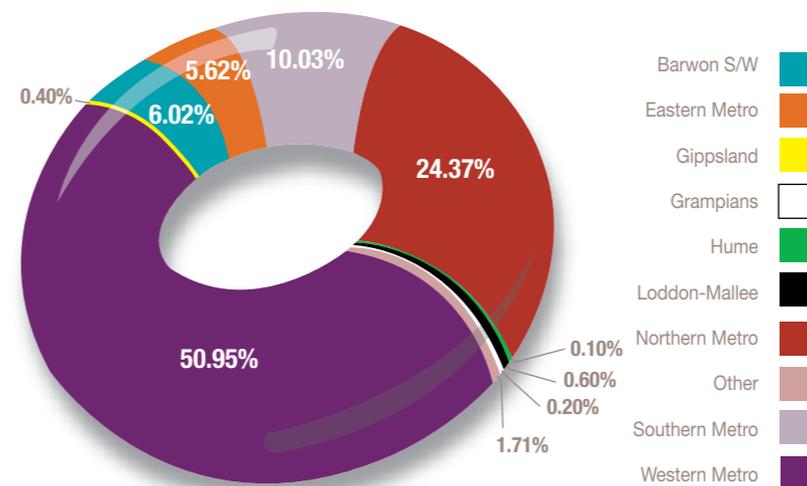


Figure 6. Day Stay Families Admitted by DHS Region 2008/09



Following this successful pilot, the Tweddle Board invested in a property in Waurm Ponds, a significant area of regional growth, to establish a permanent service in Geelong. In collaboration with the State Government and St John of God Hospital, Tweddle opened its doors to the new facility in February.

Operating one day per week, the program is free of charge and available to all families living in Geelong and district. Each day stay accommodates four families, who are guided and supported by a maternal and child health nurse and an early childhood professional.

After attending the day stay program, families are linked back into local maternal and child health specialist and community services.

Links with the Raphael Centre remain strong, with the centre continuing to provide intake support to Tweddle. The benefit of cross referral between the services has been enormous and we are delighted that this level of partnership can continue.

We are also grateful for the support of United Way, an agency well known to the Geelong community for its incredible work supporting the community and community services.

Tweddle aims to expand the service to accommodate parents of children up to four years of age. Construction of the play facilities necessary for programs for older children will start in 2009/10.



Tweddle@Home

tweddle@Home

Tweddle offers a fee paying in-home service: Tweddle@Home. It provides parents with an intensive three-hour service, comprising a two-and-a-half hour home visit and a half-hour follow up consultation. The service is guaranteed to be provided within one week of booking, and is delivered by experienced maternal and child health nurses.

Sometimes there can be initial concern as to whether three hours is long enough, but parents continue to show that with the follow-up services for backup they are able to persist with the strategies they have been shown and are on their way to getting the result they hoped for.

Client satisfaction remains very high, with 96% of clients recording that their goals for the visit are reached. Families appreciate the advantage of having someone knowledgeable actually review their home environment.

Tweddle@Home was introduced to help us manage our waiting list demands, especially for more vulnerable families, and to generate new revenue to support the development and delivery of new services for families. The service does not yet return a surplus, but is on target to achieve that goal early in 2010. The start up and development costs are funded from Tweddle reserves, as approved by the Board.

The service is experiencing steady growth, as maternal and child health nurses are becoming more familiar with the program and more confident referring clients to a fee-based service. More clients are also now being referred from past clients, and some are returning with next-stage development issues or there next child.

The Tweddle@Home team has been increased to eight nurses. We are now able to cover a wider area of metropolitan Melbourne and Geelong region, with 344 families visited for the year.

“What made the problems easier to address was that the nurse was able to observe us as a family in our own environment.”

- Parents 4 year old and 15 month old.



Figure 7. No of Families Provided with a Tweddle@Home Service Graphed Against Agreed Service Targets per Month

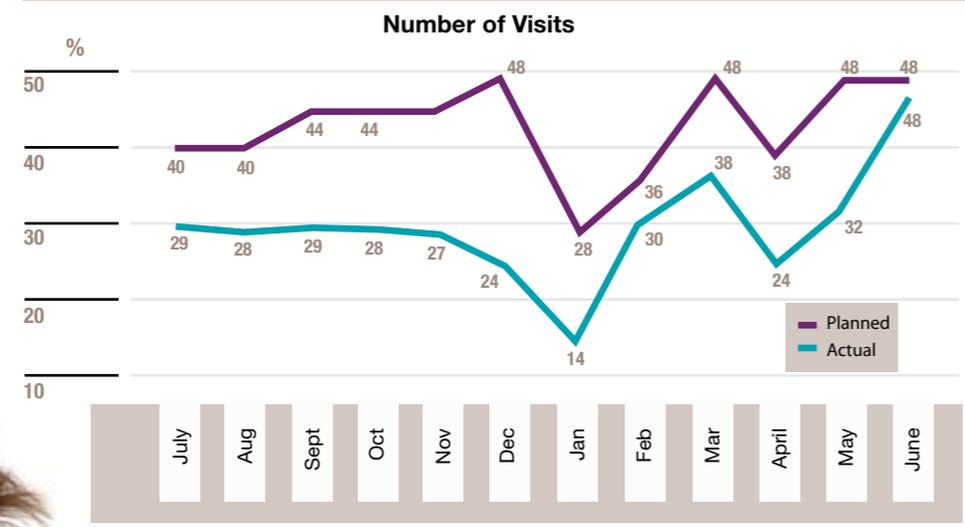
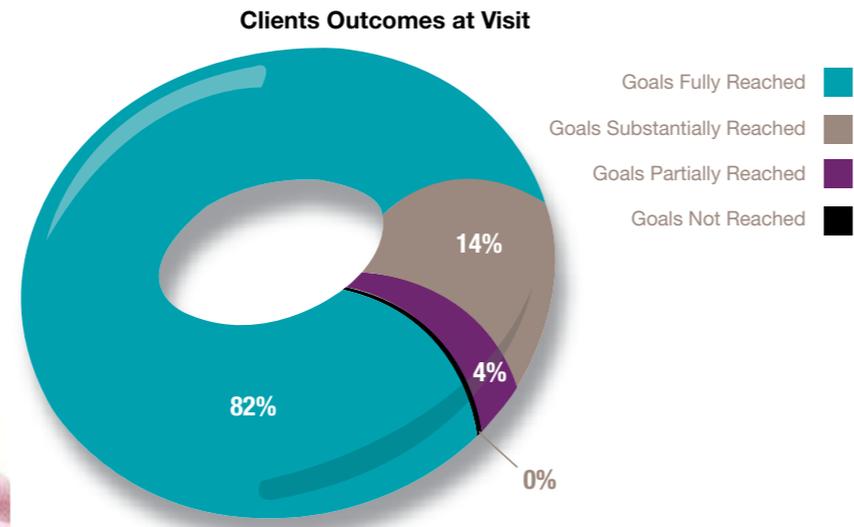


Figure 8. Client Rated Evaluation of Tweddle@Home Service



Client satisfaction remains very high with 96% of clients recording they had substantially or fully reached their goals. All clients received a Tweddle@Home Service within 5 working days of booking.

Healthy Brimbank Babies

Healthy Brimbank Babies is a Communities for Children initiative funded under the Australian Government’s Stronger Families and Communities Strategy. It focuses on supporting the health and early learning development needs of young children aged 0-5 years, supporting parents and building child-friendly communities in district 5 of Brimbank: Albion, Sunshine, Sunshine West and Sunshine North.

Conducted in partnership with Sunshine Hospital and ISIS Primary Care, the initial Healthy Brimbank Babies project started in April 2007 and was completed in June 2009.

Childbirth and early parenting sessions, community based pregnancy care, a breastfeeding support service and multilingual breastfeeding information have all served to improve access to antenatal and postnatal information and care in a community setting.

The project has been highly successful, and it is anticipated that it will continue.

The Breastfeeding Support Service has been particularly successful..

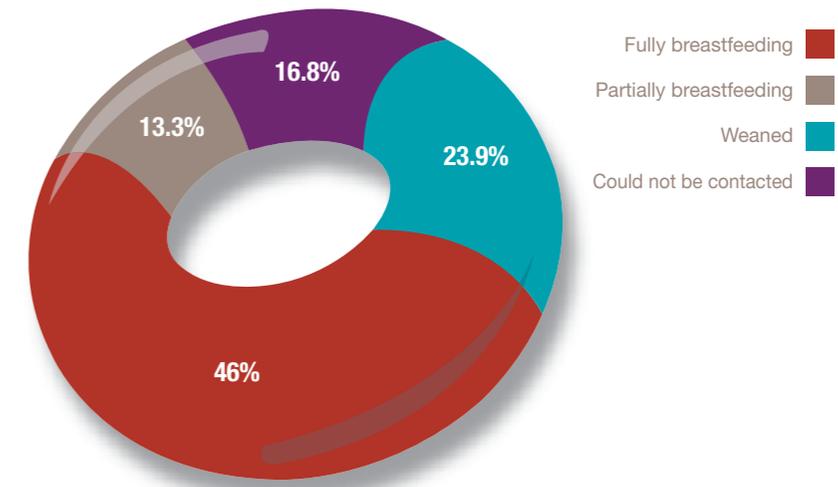
- Home visits to 225 families, assisting and supporting mothers to breastfeed their babies.
- Written breastfeeding information specific to the difficulties being experienced is provided to families. Further supported with follow-up visits and phone calls.
- Breastfeeding education sessions for Vietnamese, African and multicultural playgroups.
- Breastfeeding workshops for Vietnamese playgroups conducted in close partnership with Brimbank Australian Breastfeeding Association.

- Breastfeeding education sessions for health professionals, including hospital maternity staff, general practitioners and pharmacists.
- Facilitated breastfeeding workshop for Sudanese women in Sunshine.
- Ongoing communication with MCHNs.
- Continued liaison with Sunshine Hospital Maternity Unit regarding Breastfeeding Support Service and referrals.
- Mother’s Milk booklet now available in Vietnamese, Arabic, Chinese and Punjabi.

In the state of Victoria in 07-08 breastfeeding rates at six months were, 39.8% fully breastfed and 8% partially breastfed. Healthy Brimbank Babies has made a significant impact, of the 113 babies aged 6 months 46% were fully breast feeding.



Figure 9. Healthy Brimbank Babies



“The helper and volunteers were all lovely. They made us, and especially “Emily”, feel comfortable and safe.”

- MyTime parent.



Best Start

Best Start is a State Government initiative facilitating partnerships between agencies, communities and families involved in caring for children from birth up to the age of 8 years. Projects support families, caregivers and communities to provide the best possible environment, experiences and care for young children in these important early years.

Tweddle is an active partner in Best Start programs across four municipalities:

- **Brimbank:** Actively involved in the partnership group to establish Best Start Brimbank and to support Communities for Children Brimbank. Assisted with recruitment and participated in transition steering group for the Communities for Children Project. Proposal submitted to extend the Brimbank breastfeeding program to run across the municipality.
- **Maribyrnong:** Continued as an active and committed supporter of Early Years in Maribyrnong. Tweddle currently chairs the Maribyrnong Early Years Alliance.
- **Melton:** Lead agency for breastfeeding initiative aimed at increasing the rate of breastfeeding in the community. Established the breastfeeding support program for the MCH team, successfully increasing breast feeding rates. The breast feeding support program will be continued by Melton Council.
- **Wyndham:** Actively involved and a signatory to Best Start Wyndham.

Healthy Start

Healthy Start is an Australia-wide strategy to support parents with learning difficulties and to promote a healthy start to life for their young children.

With Baptcare, Tweddle currently co-convenes a ‘learning hub’, which is a network of health professionals.

We have also liaised closely with the Anglicare learning hub throughout the year. Planning is in progress to facilitate a Healthy Start forum in October to support and engage professionals working with parents with learning difficulties.

Expert guest speakers and professionals working in the west will present information about programs and services to help increase participants’ knowledge of resources available within the local community.

The forum will present a networking opportunity and help to build capacity within the local community to improve outcomes for children.

MyTime

MyTime is a Commonwealth Government funded program coordinated by the Parenting Research Centre. It provides local support groups for parents and carers of young children under school age with a disability or chronic medical condition.

Participants socialise and share ideas with others who understand the rewards and intensity of the parenting role. A play helper keeps children busy while parents take part in group discussions on nominated topics, or just take time out to hear from others and have fun.

Tweddle has six MyTime groups running in Footscray, Laverton, Melton, Deer Park, Hoppers Crossing and Flemington (Culturally and Linguistically Diverse Group: African Australian Women’s Association).

Parents/carers who attend regularly are very committed to their groups, and have voiced several times how much they benefit from speaking to others in similar situations.

Prison Program

Tweddle believes that early parenting education is a vital component of supporting all parents to raise their young children and that parenting sessions are beneficial for men and women in the custodial system and their families.

Services include individual consultancy and group sessions.

Tweddle’s parenting sessions encourage open, supportive and honest discussions. The extensive knowledge and practice experience of Tweddle staff enables them to respond to a broad range of parenting issues relevant to mothers and fathers in the custodial system.

The sessions are designed to help men and women identify and develop their parenting strengths. They also provide practical strategies to develop and enhance parent-child relationships. Some men who weren’t fathers attended the group sessions because they wanted to learn about being a dad.

This year Tweddle ran sessions at:

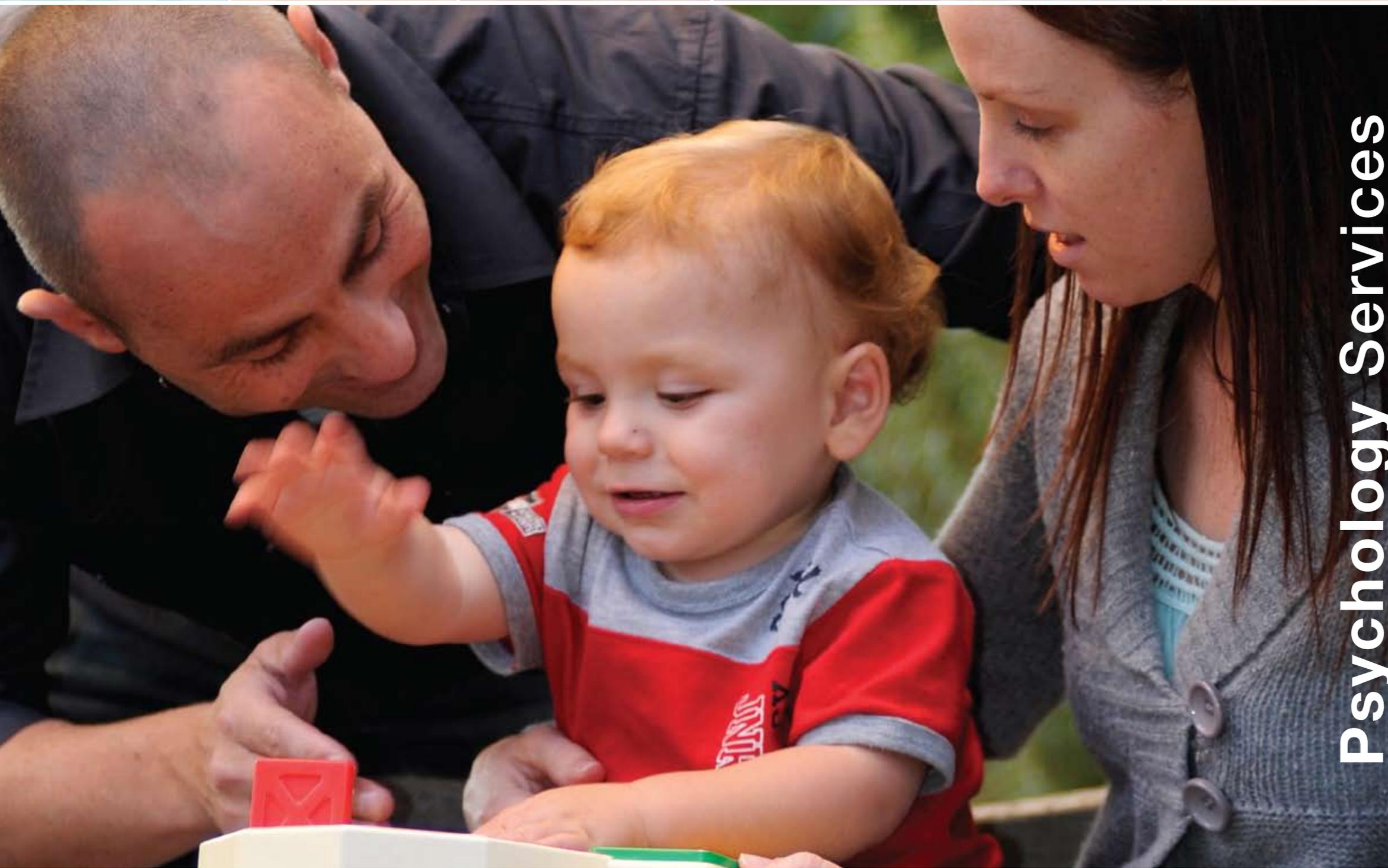
- Melbourne Assessment Prison
- Metropolitan Remand Centre
- Port Phillip Prison
- Dame Phyllis Frost Centre

The extensive knowledge and practice experience of Tweddle staff enables them to respond to a broad range of parenting issues relevant to mothers and fathers in the custodial system.

Table 7. Prison Program Attendance

	Number of group sessions	Attendance of women at group sessions	Number of sessions providing individual consultations	Attendance of women at individual consultations	Attendance of men
Dame Phyllis Frost Centre	2	10	13	27	N/A
Melbourne Assessment Prison	36	N/A	N/A	N/A	128
Port Phillip Prison	1	N/A	N/A	N/A	12
Metropolitan Remand Centre	23	N/A	N/A	N/A	204
Total	62	10	13	27	344

NB Within the men’s correctional facilities a number of series of group sessions were facilitated and several men attended each session of the series.



Psychology Services

tweddle Psychology Services

As part of our new Health Services Agreement, Tweddle is – for the first time – delivering government-funded mental health support services to all residential and some day service clients.

Commonwealth and State Governments have rolled out new perinatal mental health initiatives. Early parenting services are key to the delivery of these services, complementing specialist mental health services.

Tweddle has received a grant of \$75,000 to develop greater consistency in the screening for and support of, perinatal mental health issues in an early parenting setting.

We are also collaborating with our Victorian sister agencies – O’Connell Family Services and the Queen Elizabeth Centre – to design an improved model of mental health support for families. A proposal will be submitted to DHS for consideration early next year.

We have established clear protocols for our new psychology outpatient service and successfully opened for business.



We continue to operate our usual service of providing assessments, referrals and secondary consults for women attending our residential and day stay services.

Figures indicate that the percentage of women in the high risk category continues to increase, as does the number of women who declare feelings of self harm. The percentage of women diagnosed with clinical depression following consultation was also higher in this past year, although diagnosis of adjustment and anxiety disorders and relationship dysfunction is slightly lower.

While preliminary diagnosis differs slightly from last year, the percentage of clients seen by the psychology service remained consistent at 35%.

We have established clear protocols for our new psychology outpatient service and successfully opened for business.

Table 8. Psychology Service Statistics

	2008-09	2007-08	2006-07
Number screened	637	592	619
In treatment	11%	14%	14%
Median level of maternal exhaustion	3*	3*	3*
Average EPDS score	11	11	11
EPDS in the high risk range (>12)	44%	35%	38%
Clients who endorse the self harm item	14%	12%	15%
Clients seen by the psychology service	36%	34%	33%

* = quite a bit

The service is available for individuals, couples or families who have a child under the age of four. Referral numbers have steadily climbed and the service that began with only one day available for clients has steadily grown throughout the year.

We have continued to run the "Getting Ahead of Postnatal Depression Group Program" introduced and funded last year by The Ian Potter Foundation and Best Start – Maribyrnong. Clients who have attended both individual and group sessions report participation in these programs as beneficial and the program continues to receive positive feedback.

Sadly, we said farewell earlier this year to Angela Kershaw, who established Tweddle psychology services in 2005.

Table 9. Clients Seen by the Psychology Service Given a Provisional Diagnosis

	2008-09	2007-08	2006-07
Clinical depression	59%	51%	50%
Anxiety disorder	33%	37%	16%
Relationship dysfunction	10%	15%	19%
Adjustment disorder	9%	22%	15%
Exhaustion	23%	24%	23%
Other	5%	1%	1%

Table 10. Clients Seen by Psychology Service Referred to New Mental Health Supports on Discharge

	2008-09	2007-08	2006-07
General practitioner	3%	1%	1%
Psychologist	41%	44%	35%
Psychoeducation	77%	67%	59%
Tweddle PND group	7%	13%	0%
Other	5%	4%	23%





Research

tweddle Research

The Tweddle Board reviewed research directions and endorsed a new research plan. Tweddle's research program has continued its relationship with La Trobe University – Division of Nursing and Midwifery and has entered into a series of new research projects with other centres.

The Tweddle-La Trobe partnership delivered a paper to an international conference, and is currently developing a project about nursing skills in parenting centres.

For the next year, Tweddle is committed to further strengthening current partnerships; developing new research collaborations; and accepting higher education students conducting research projects to support evidence-based models of service delivery.

New research partnerships are being developed. Of special note is a very broad partnership being established with key researchers and service providers to research fathering in the early years of parenting.

Tweddle is currently involved in two major research projects:

1. An investigation into the relationship between fatigue and parenting, in parents attending an early parenting centre.

Conducted by the Parenting Resource Centre, this project aims to:

- Assess the extent to which parents attending an early parenting centre experience fatigue and how this compares to a community sample of parents.
- Identify factors associated with fatigue in parents attending an early parenting centre.
- Examine the relationship between fatigue and parenting outcomes for parents attending an early parenting centre.

2. The Early Parenting Study being conducted by the Key Centre for Women's Health in Society – Melbourne University.

Funded by NHMRC, this project will test whether participation in a 3–5 night residential program at an early parenting centre improves health outcomes for mothers and babies compared with standard primary health care. This study focuses specifically on women identified as having heightened emotional needs and mothering a four-month old baby.

New research partnerships are being developed.

With a strong commitment from management and sound leadership from the board's Finance and Risk Committee, Tweddle has integrated its quality approach into management systems and operations.

Quality

In 2008/09, Tweddle continued to demonstrate its integrated approach to strategic planning, risk management and quality assurance.

With a strong commitment from management and sound leadership from the board's Finance and Risk Committee, Tweddle has integrated its quality approach into management systems and operations.

This has involved:

- Strong coordination between risk management systems, occupational health and safety management and quality improvement.
- Refinement of the risk register design and rigorous quarterly updating and reporting to management and the board.
- Review of the incident reporting data and systems.
- Introduction of Riskman system for recording and tracking and trend analysis of incidents, with

customisation to best meet Tweddle's needs. Staff training was undertaken to optimise use of the new system.

- Continuity and commitment to the ACHS health accreditation framework, which involved a self assessment of clinical and corporate functions, and planning for the next phase in the four year cycle of accreditation and continuous improvement overseen by ACHS.
- Planning for Tweddle's participation in the Child First accreditation of children's services being introduced by the State Government, by scoping the work to be undertaken and reviewing the PASDS manual.
- Review of the format of the Policy and Procedures Manual and the introduction of a system for policy development and review involving the Leadership Team.
- A major review of the client evaluation survey and a trial of a new client satisfaction survey. Another new survey is to be introduced evaluating the effectiveness of programs and their long term outcomes for families.

Figure 10. Client Outcomes Day Stay Program 2008/09

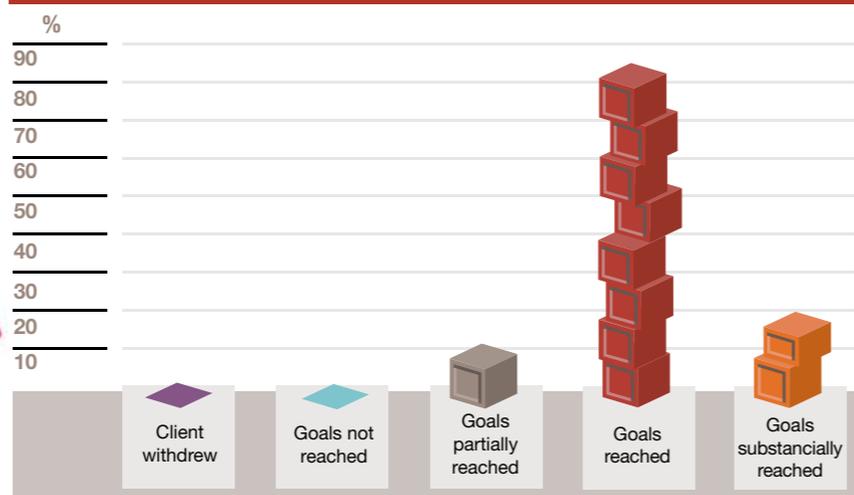


Figure 11. Client Outcomes Residential Unit 2008/09

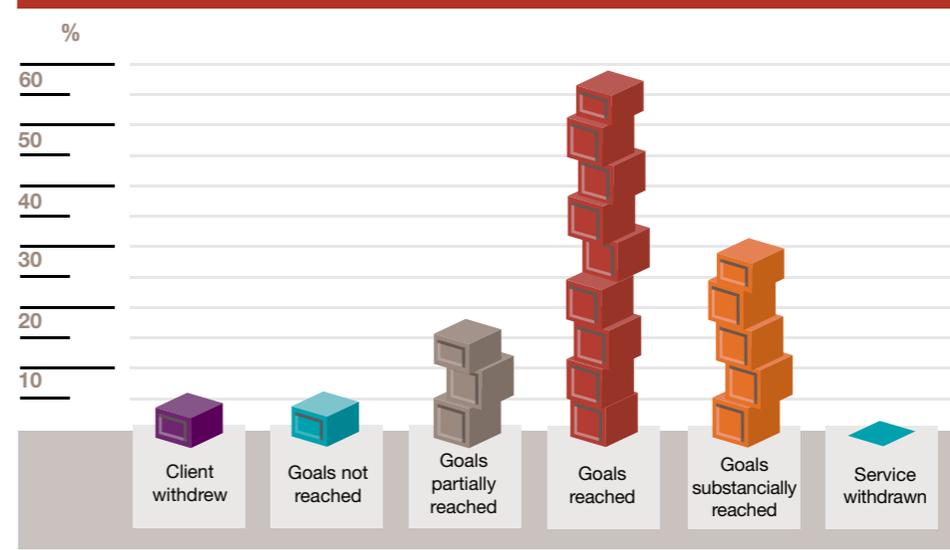
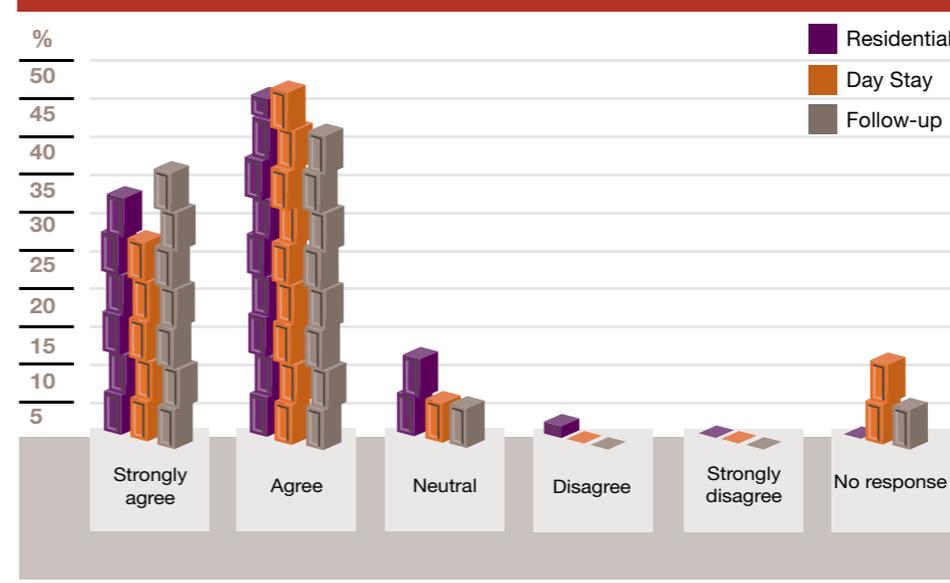


Figure 12. Parent Report - 'My Level in Confidence has Increased'



Environmental Management

Tweddle's Environment Committee has been in action for 12 months. We are pleased with the progress made towards minimising our environmental footprint, although there is still a long way to go.

This year we have:

- Adopted a green purchasing policy that ensures environmental impacts are a key part of purchasing decisions.
- Introduced new printing and photocopying, with double sided printing as a default.
- Reviewed contracts where there are opportunities to reduce product costs based on environmental factors.
- Set standards for the purchase of "green" consumables.
- Trained committee members in office and service based environmental management and environmental management requirements of funded agencies.



Corporate Report

Corporate Report

The corporate team has broadened its expertise to support practice and position Tweddle as a modern, efficient organisation with a strong reputation as an excellent employer.

Broad changes this year have included the addition of HR expertise to support management. With the creation of a dedicated PASDS team and the current recruitment of a unit manager, the Parenting Services Manager will take on a stronger leadership role and support the work of the CEO. Ms Ann Hindell will take up this role from 1 July 2009.

Security Upgrade

With increasingly complex families attending Tweddle, mitigating the associated increasing risks to the safety of staff and clients is a high priority.

A comprehensive review of Tweddle's security has been conducted and a number of key improvements implemented:

- The installation of video cameras for surveillance, especially after hours.
- Random night patrols.
- Security presence on request.
- A new alarm and after hours response system.

HR expertise has been a welcomed addition to the Corporate Management Team.

There has been significant investment in infrastructure and software.



Information Management

There has been significant investment in infrastructure and software. In the last two years Tweddle's information system has been completely overhauled and replaced.

Specific upgrades this year include:

- Extension of network to include a new remote site at Geelong with full secure network access. This is the first time an enhanced remote service has been available.
- Extension of remote access for use by staff working at home – important for a predominantly part-time workforce and enabling equity in working-from-home benefits.
- Introduction of wireless network capability to improve mobility with head office.
- Installation of new hardware to accommodate planned software upgrades and implementation.
- Commissioning of new Tweddle finance package (SAP), incorporating staff training and development.
- Installation of RiskMan – a tailored system for electronic incident reporting and risk management.

- Upgrade to Microsoft Office 2007 and staff training.

- Engagement of a new Internet Service Provider for faster, more reliable internet service.

- Purchased and installed new intake and admissions software (CAIS).

Website Development

Work is continuing on the development of a new interactive website that will make it easy for clients and professionals to access information. The website will allow us to streamline our pre admission services and will in the long term accept online booking enquiries.

Delays have unfortunately been experienced with this project, new deadlines for completion in 2009 have been set.

Communications Program

This year we formed a partnership with a new graphic design studio, Sam Burrone Design. The development of a style manual has been a significant step forward in ensuring consistency of image and presentation across all of Tweddle's communication materials.

DVD Demystifies the Tweddle Experience

Tweddle released a DVD in January 2009 to promote its services and help demystify the experience that families may have when they book into Tweddle.

It was developed for community health centres to show to families thinking about attending a Tweddle service, and has been distributed to all maternal and child health services across Victoria.

The DVD was produced with the fantastic support of a former Tweddle client, Justin Hutchison, to whom we express our sincere gratitude.

HR

A consultancy firm was engaged to review HR practices and provide a recommended workforce plan to help Tweddle meet the challenges of both the changing work environment and changing family needs.

The plan addresses areas of clinical and non clinical needs, recruitment practice and induction and performance management processes. It includes observations and recommendations in relation to organisational development.

The workforce plan was adopted by management and a new HR advisor was appointed in April 2009. A review of HR practices and policies is under way and a work program has been developed. Priority actions will be induction and performance planning and assessment.



Recruitment to fill vacancies has been easier this year.

Our People

Tweddle's workforce at 30 June 2009 was 39 EFT, comprising 66 permanent and part time staff on the payroll and a nursing bank of 37.

The professional profile of staff is as follows:

Registered Nurses	21
Early Childhood Professionals	22
Psychologists	3
Social Workers	2
Accountants	1
Corporate Support	15
Domestic Support	2

Staff turnover during the year was 11%, with seven staff leaving the Tweddle team.

It is pleasing to note that recruitment to fill vacancies has been less difficult this year, with positions being vacant for less than three months. This is thought to be partly due to economic uncertainty and less general workforce mobility.

Nursing positions have also been more readily filled, even though there is high demand across Australia for qualified registered nurses.

Tweddle continues to work with government and the Australian Association of Parenting and Child Health to develop innovative workforce solutions to the looming skills crisis.

Training and Professional Development

The following training and professional development opportunities were provided in 2008/09:

- Microsoft Office 2007: all staff.
- Circle of Security: clinical consultant staff.
- Three days in-service: all clinical staff.
- Fire safety: all staff.
- Industrial awards and agreements: HR and payroll team.

- Quality and accreditation practice: key staff.
- Aboriginal cultural competence: management.
- Conference attendance: various clinical staff.
- Overseas study tour to USA: CEO.

OH&S

The OH&S committee worked hard this year to facilitate a general awareness of staff safety issues.

In response to last year's OH&S inspection of Tweddle areas, the following risk mitigation activities have been completed:

- Installation of skylight and fan to improve air quality in staff resources room.
- Trip hazards identified and reduced in grounds and inside buildings at Footscray.
- Improved ergonomics and safer conditions at Tweddle work stations.
- Consolidation of fire response team – Chief Fire Warden, Area Wardens.
- Spot OH&S inspection and audit of the residential block, Footscray. A number of small problems were identified, many addressed by reorganisation of spaces.
- New video security system, upgrade of other elements of the security system.
- Introduction of total smoking ban.
- OH&S inspection of new Geelong Day Stay facility and advice and direction on establishment of OH&S services and fire systems at the new site.
- Installation of new Riskman incident reporting system.
- Staff flu vaccinations.

In 2008/09 there were 3 workplace injuries reported, resulting in 3 WorkCover claims and a total of 46 work days lost due to workplace injury.

Thank you to Our Supporters

Donor List for the Year Ended 30 June 2009

Total donations for the year ending 30 June 2009: \$53,045.

Tweddle is very, very grateful for the generosity of each and every donor, especially in a year when there have been significant appeals and family needs have changed. All monies are used to purchase assets and undertake research for the establishment of new services.

Donations of \$500 or more	\$
Royal Victorian Bowls Association	12,000
The Lord Mayor's Charitable Foundation	10,000
William Angliss Charitable Fund	23,000
Ms Jacqueline Stephen	1,100
Jo White Bequest	6,000
Total Donations	52,100
Sponsorship	\$
Rotary Club of Footscray	5,000
Community Grants	\$
Forest Hill Foundation <i>(The Foundation of Graduates in Early Childhood Studies)</i>	4,500
The RE Ross Trust	25,000
United Way Geelong	12,575
Best Start: Shire of Melton	14,000
Virgin Unite – Virgin Management Asia Pacific	5,764
Parenting Research Centre	3,300
Total Grants	65,139
Combined Total	123,184

Pro bono or "in kind" support

Perillo, Adami & Frank: Barristers & Solicitors
Smith & Tracey: Architects

Tweddle is very, very grateful for the generosity of each and every donor.

Declarations and Compliance Reports

Incorporation

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

Freedom of Information

There were 5 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 in good order.

The buildings were reviewed again by a structural engineer and found to be sound. There has been movement in the slab due to the drought, which will require remedial work in the next twelve months. Monitoring continues.

All toilets were upgraded to water efficient systems during the year.

Asbestos Management Plan

Our continuing objective is for all Tweddle buildings to be free of asbestos-containing materials. A management plan is in place to identify, monitor and remove any such materials in keeping with updated legislations.

Fire Safety

An application to DHS for funding to upgrade the walls in the plant room to the required fire rating was successful and work has been completed.

The Chief Fire Warden attended training

and has conducted a fire drill and an audit of fire evacuation procedures.

An external Fire Safety audit was conducted for our Geelong premises prior to opening and new fire equipment installed.

Smoke detectors have been moved and upgraded in the residential unit and some EWIS speakers replaced.

Occupational Health & Safety

The OH&S Officer conducted regular audits and made recommendations for improvement. The role has coordinated the continuous review of procedures and policies relating to OH&S.

Recommendations from the ergonomic report were implemented, with new seating, some new desks, and overall improvement to staff workstation configurations.

The annual immunisation of staff was conducted in April 2009.

A new security system was installed, including security cameras at the front entrance to the residential unit. A new monitoring company has been selected to provide a higher level of security, particularly at night.

Food Safety

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

Medical Records

The maintenance of medical records was in full compliance with DHS reporting requirements and the provisions of the Privacy Act and the Health Information Act.

Risk Management Attestation

"I, Michael Smith, 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 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."



Michael Smith
Board Chairperson

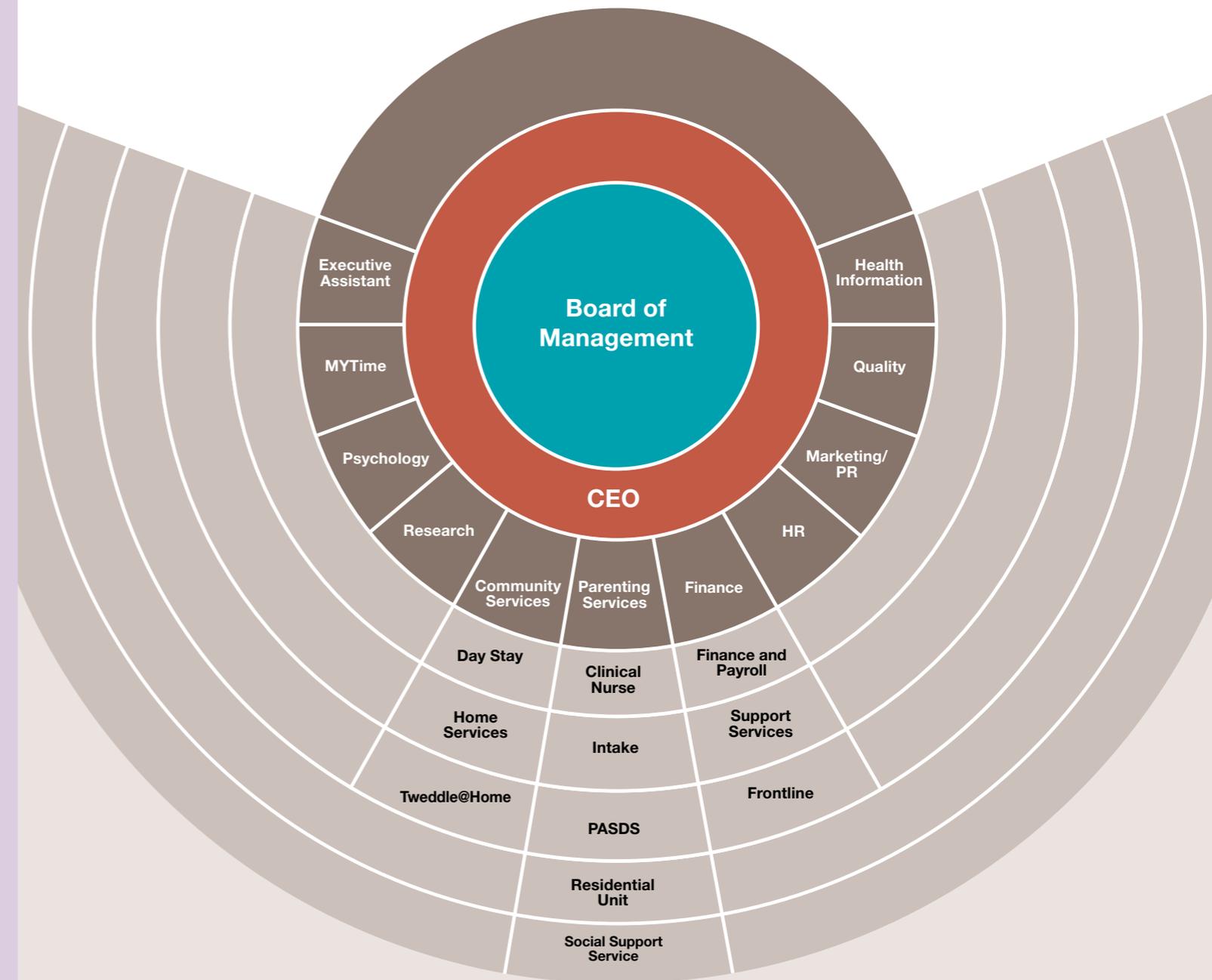
Responsible Bodies Declaration

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 2009.



Michael Smith
Board Chairperson

Organisational Chart



Governance and Accountability

Tweddle Child + Family Health Service is accountable to the people of Victoria via the Honorable Lisa Neville MP, Minister for Community Services.

A Board appointed by the Minister for Health 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.

Board subcommittees 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.
- Futures Committee to develop new services and programs, chaired by Board Deputy Chairperson.
- 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. The 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, with formal induction of new members to Board and organisational operations and

practice is undertaken and 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 2008/09 revised executive limitation policies were adopted:

- Budget and financial planning.
- Asset management.

Key activities in 2008/09:

- Capital development planning, including the commissioning of concept plans for a new Footscray facility.
- Preparation of the business case for capital development.
- Meetings with key stakeholders to present a vision for a new facility, including Department of Human Services, local federal and state MPs and local government.
- Introduction of new performance monitoring and reporting framework.
- Development of a new Board self-evaluation process.
- Working with government to ensure long term viability of the community based day services.
- Introduction of new investment plan for active management of Tweddle reserves.

Tweddle Board Members



Mr Michael Smith



Mr Bill Appleby



Ms Josie Rizza



Ms Melissa Afentoulis



Dr Colin Feekery



Ms Julie Freeman



Prof Susan McDonald



Ms Jo McMillan



Ms Clare Malcolm



Ms Simone Mathews



Dr Nicole Milburn



Ms Lesley Yates

Name	Meetings Attended	Position	Professional Affiliations/Employment
Mr Michael Smith B.Com, CA	9/9	Board Chairperson Chair-Governance +Remuneration Committee	Chief Financial Officer
Mr Bill Appleby Assoc Dip Health & Safety (OH&S); Grad Dip IR & HRM; MBA	8/9	Deputy Chairperson Chair-Futures Committee	Mercy Health Executive Director – Aged Care Services
Ms Josie Rizza B Ec; Grad AICD; CA; Grad Securities Invest Aust; Grad Dip App Fin & Invest	8/9	Treasurer Chair- Finance + Risk Committee	Business Consultant Strategic Planning + Taxation Board Member + Chair – Finance Committee, Austin Health.
Ms Melissa Afentoulis BA, BSW & Grad Dip Public Policy, Master of Public Policy & Management.	5/9	Member	Consultant Member VCOSS
Dr Colin Feekery MBBS FRACP MHA	6/9	Member	Chief Medical Officer
Ms Julie Freeman LLB, BA, Graduate Diploma (Natural Resources)	9/9	Member	Special Counsel (Lawyer) Local Resident
Prof Susan McDonald B App Sc (Nurs); PhD; RN; RM; CHN	6/9	Member	Professor of Midwifery
Ms Jo Mc Millan Master of Arts (Deakin) Grad Dip (RMIT) Bachelor of Arts (Media Studies)	6/9	Member	Electoral Officer
Ms Clare Malcolm	2/4	Member	Executive Governance Officer
Ms Simone Mathews Associate Diploma Applied Science	7/9	Chair-Ends and Research Committee Chair-Fundraising Committee	Local Resident Full time parent
Dr Nicole Milburn BSc Grad Dip DPsych	7/9	Member	Clinical Psychologist
Ms Lesley Yates B Ed (Economics); Grad Dip PR	7/9	Member	Business Owner Member-Australian Institute of Company Directors

Note: Ms Clare Malcolm retired from the board on October 31 2008.

Our friends
now number
more than
500 strong.



Life Governors

- 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 Margaret Mangan
- Mrs Margery Maskell
- Mrs Denise McGregor
- Mrs Gwen Redman
- Ms Hilary Russell

Friends of Tweddle

Once again we are very grateful to our Friends, who generously volunteer to help when needed – either through donation and financial support or by donating their expertise to enable Tweddle to deliver a new service or a better outcome for families. Our friends now number more than 500 strong.

A very special vote of thanks to our Friends president, who has so willingly provided her ready support over a number of years - thank you to Ms Barb Champion. Barb has helped enormously with funding negotiations, this year helping gain support for a new western region parenting facility.

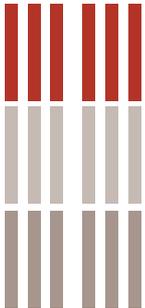
Our sincere thanks to each and every Friend of Tweddle. Your support is greatly valued and sincerely appreciated.

Acknowledgements

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tweddle

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