



2012-2013
Annual Report



tweddle
child + family health service



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About Tweddle

Our Vision

Healthy families

Our Purpose

Tweddle is a statewide early intervention and prevention health service.

Our purpose is to provide parenting support to families during pregnancy and with children from birth to school age with a focus on families in the north and west of Victoria. As a result of our work families:

- Acquire sound parenting skills
- Develop parenting confidence
- Improve health and early childhood development outcomes
- Enhance relationships and attachment
- Connect to support networks in their local communities

Families receive services that are collaborative, accountable, evidence based and subject to external evaluation and national accreditation.

Our highest priority is to provide assistance to families that are facing multiple challenges and are in urgent need of therapeutic support and intervention. These challenges are commonly underpinned by isolation compounded by health issues, addiction, family instability and violence, sleep deprivation and feelings of being unable to cope and the complexities that can arise from financial stress, age, ethnicity and other factors.

Our Values

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



Our Services

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

Tweddle services include:

- Assessment and Intake services
- Residential parenting programs
- Parenting assessment and skill development service for child protection clients
- Psychology services – group and individual support and counselling
- Social support services
- Childbirth education programs
- Community-based day programs
- Therapeutic support including group programs
- Parenting support for families with children with additional needs
- Partnership with Universal Services to support families seeking parenting advice
- Advocacy on key parenting issues facing families in our community

Highlights of 2012-2013

- The release of the Tweddle Strategic Plan for 2012-2017
- The Board and all staff participated in a program focussing on growing Tweddle's capacity through a strength based approach
- Continued partnership with Western Health for the provision of community-based childbirth education
- Planning with Western Child FIRST Alliance, Cradle to Kinder and Choices to establish priority access admissions to Tweddle
- Partnered with Dental Health Services Victoria to assist in formulating an oral health training package for staff to strengthen the inclusion of oral health into early parenting activities
- Commencement of the Professional Development Plan focussing on supporting parents with existing and emerging challenges
- Strengthened partnership with Western Drug and Alcohol Services
- The commencement of Family Partnership training and principles to guide Tweddle's practice
- Revision of the child and family admission model
- Increased number of student placements in partnership with RMIT, Swinburne and La Trobe Universities
- Implementation of an online risk register and incident reporting system

Key Partnerships

Anglicare Victoria

ANZ Trustees, Felton Bequest

Australian Association of Parenting
and Child Health

Berry Street – including Take 2

Baptcare Family Services

Brimbank Early Years Alliance

Centre For Excellence in Child Welfare

Cobaw Community Health

Dame Phyllis Frost Centre

Drug Health Services, Western Health

Department of Education and Early
Childhood Development

Dental Health Services Victoria

Department of Families, Housing, Community
Services and Indigenous Affairs

Department of Health

Department of Human Services including
Child Protection Services

Djerriwarrh Health Services

Goulburn Family Services

Give Where You Live

Goulburn Valley Health Services

Hobson's Bay City Council

Hume City Council

ISIS Primary Care

The Jean Hailes Foundation – Monash University

Karitane, New South Wales

Key Centre for Women's Health in Society –
University of Melbourne

Kildonan Uniting Care

Kyneton Hospital

Lord Mayor's Charitable Foundation

La Trobe University

Macedon Ranges and North Western
Melbourne Medicare Local

Macedon Ranges Shire Council

MacKillop Family Services

Maribyrnong Early Years Alliance

Maribyrnong City Council

Medela

Melbourne City Mission

Melton Shire Council

Mercy Health O'Connell Family Services

North Western Welfare Alliance

Peter Williams Trust

Parenting Research Centre

Port Phillip Prison

Queen Elizabeth Centre

St John of God Hospital Geelong –
The Raphael Centre

R E Ross Trust

RMIT

Royal Children's Hospital – Centre for
Community Child Health

Rotary Club of Footscray and Wyndham

Royal Women's Hospital

Rumbalara Family Services

Tarrengower Prison

The Gathering Place

The Smith Family

Terang and Mortlake District Health Services

VACCA

Victorian Women's Trust

Victoria University

Western Bulldogs

Western Health

William Angliss Trust

Women's Health West

Wyndham City Council

Delivery of the Strategic Plan

Strategic Goal	Activity/Objective	12-13 Outputs	13 -14 The Way Ahead
<p>Child & Family health promotion and advocacy:</p> <p>Many families, not only vulnerable families, seek support with parenting especially in the first few years of a child's life. Tweddle is well known as a provider of advice and support. With our focus on vulnerable families we will continue to provide support and resources on parenting in the early years that will be trusted and accessible to the broader community.</p>	<p>We will:</p> <p>Further develop our social media presence.</p> <p>Participate in research partnerships to continue the development of evidence based practice in early parenting.</p> <p>Share quality research findings within professional and community settings.</p> <p>Maintain strong contemporary communications as a means of influence and connection with stakeholders and community.</p>	<p>Increased online resources including parenting tip sheets.</p> <p>Continued focus on social media platforms including Facebook and Twitter.</p> <p>Participated in Deakin University funded breastfeeding pilot study.</p> <p>Participated in a twelve month Health Literacy Pilot Program with Western based healthcare agencies and the Centre for Culture Ethnicity and health. outcomes evaluated by the Australian Health Workforce Institute at the University of Melbourne.</p> <p>Actively shared community and agency partner information and resources through online platforms.</p> <p>Tweddle's website available in over seventy languages through Google languages translating tool.</p>	<p>Partner with the service sector to build the evidence base and increase capacity for early parenting practice.</p> <p>Enhance resources to build the capacity for sector partners to respond to early parenting needs.</p> <p>Continue to share evidence based resources relevant to early parenting.</p> <p>Develop resources in a range of languages reflecting varying health literacy levels and cultures in our community.</p> <p>Further develop our resources to support clients and families who do not meet the criteria for more intensive parenting services.</p>
<p>Support parents with existing challenges:</p> <p>Tweddle recognises that some people come to the job of parenting with considerable challenges. Tweddle will provide supportive and preventative services in order to meet the complex needs of these families which may include:</p> <p>Very young parents</p> <p>Parents with intellectual disabilities or mental illness</p> <p>Parents who are drug or alcohol dependant</p> <p>Families that are homeless</p> <p>Families with previous child protection reports</p> <p>Service support will be provided to regional maternity hospitals and Child FIRST alliances by allocating existing residential beds for priority referral. Existing services will be developed to increase access to comprehensive, evidence based parenting support.</p>	<p>We will:</p> <p>Provide priority access to families identified by regional maternity hospitals and regional family services and Child FIRST alliances as needing intensive early parenting support.</p> <p>Continue to build partnerships with community agencies, health services and hospitals that work with vulnerable groups.</p>	<p>Services delivered to parents at Tarrengower Prison, Dame Phyllis Frost Centre and the Port Phillip Prison.</p> <p>Provided My Time groups in Altona Meadows, Footscray, Point Cook and Werribee.</p> <p>Collaborated with Child FIRST, Cradle to Kinder and Choices to develop protocols and pathways to enhance collaboration and priority access.</p> <p>Continued working with Macedon Ranges and North Western Melbourne Medicare Local to provide support to clients with a mental illness and to improve access for local support service referrers.</p> <p>Established Western Drug Health Service Partnership.</p> <p>Worked with Queen Elizabeth Centre to improve Client Management system (TWEQ) functionality.</p> <p>Participated in Western Health maternity networks.</p> <p>Commenced the Assessment and Intake processes review of all EPCs.</p> <p>Commenced the role of Family Partnership Training and NCAST training to ensure clinical practice models better meet the needs of vulnerable families.</p> <p>Continued to provide Residential PASDS to Child Protection DHS.</p> <p>Social support and psychology consultations provided to clients identified by screening and assessment processes.</p>	<p>Child FIRST delivery to commence.</p> <p>Develop services that respond to Disability Care reforms.</p> <p>Work with MRNWM Medicare local to formulate drug health procedures.</p> <p>Strengthen community partnerships to increase access for vulnerable families.</p> <p>Review intake processes to increase the number of vulnerable families gaining access to Tweddle.</p> <p>Update resources that support CALD, Aboriginal and Torres Straight Islander families and children with special needs.</p>
<p>Support parents with emerging challenges:</p> <p>Tweddle will place high priority on meeting the needs of families with problems that emerge during pregnancy or following the birth of a child such as:</p> <p>Infant development or disability</p> <p>Post natal depression/perinatal mental health issues</p> <p>Emerging mental illness</p> <p>Family violence</p> <p>Major events like loss of income, change of family structure or death</p> <p>In most cases these families will have some contact with universal health services and networks such as kindergartens and child care centres.</p>	<p>We will:</p> <p>Strengthen relationships and referral pathways with primary health care professionals.</p> <p>Exchange knowledge and evidence informed practice approaches with other professionals to support families.</p> <p>Ensure clinical practice models are meeting the needs of vulnerable families.</p>	<p>Strengthened relationships with the Universal Services platform to identify support needs.</p> <p>Breastfeeding consultations delivered to families in the west.</p> <p>Participated in the delivery of childbirth and preparation for parenting education in partnership with Western Health.</p> <p>Psychology – screened and support families with multiple challenges.</p> <p>Delivered Karitane Parenting Confidence Scale to meet the needs of parents and to identify goals and measure outcomes.</p>	<p>Communicate Tweddle's strategic directions within local government and non-government child and family services.</p> <p>Foster understanding of referrals from Universal health providers about the criteria for Tweddle's intensive early parenting services.</p> <p>Participate in local perinatal and early childhood health initiatives to increase access for vulnerable families.</p> <p>Integrate Karitane Parenting Confidence Scale findings with clinical practice.</p> <p>Extend post discharge referrals to community support for ongoing care</p>

Strategic Goal	Activity/Objective	12-13 Outputs	13 -14 The Way Ahead
<p>Deliver services in areas of most need:</p> <p>Tweddle will work to develop at least one place-based parenting support program. Monitoring indicators of vulnerability can help us direct resources to areas of greatest need.</p>	<p>We will:</p> <p>Analyse prevalence indicator data to inform the introduction of a population based prevention initiative.</p> <p>Continue to deliver our current place-based programs and initiatives.</p> <p>Seek seed funding for implementation of an area focused parenting support program.</p> <p>Develop and implement place based service models to operate in priority communities.</p>	<p>Day Stay programs delivered in Bacchus Marsh, Geelong, Terang, Wyndham and Maribyrnong.</p> <p>Prison program delivered to Tarrengower Prison, Dame Phyllis Frost Centre and Port Phillip Prison.</p> <p>In-home Breastfeeding support services delivered to families in the west.</p> <p>Identified areas of need in the Geelong region to deliver new day program model in partnership with the Raphael Centre.</p> <p>In partnership with Cobaw and Kyneton Health and Maternal and Child Health Services delivered PlaySteps to families living in the Macedon Ranges Shire.</p>	<p>Develop partnerships to deliver intensive home based and group parenting support programs.</p> <p>Strengthen local and regional partnerships.</p> <p>Analyse available data to target future service delivery.</p>
<p>Capacity Building:</p> <p>Quality service initiatives can only be delivered with high quality teams and supporting infrastructure.</p>	<p>We will:</p> <p>Build on existing quality expertise with a major professional development program for all staff.</p> <p>Continue to seek ways of improving facilities and service reach.</p> <p>Continue to support research and development to ensure increasing understanding of early childhood development and parenting.</p> <p>Foster staff wellbeing.</p> <p>Provide a safe and healthy work environment.</p> <p>Further develop understanding of cultural differences and values in family and parenting.</p>	<p>Implemented a systemic review of workplace culture, capacity building and teamwork structures.</p> <p>Supported staff health and wellbeing with a number of initiatives including workplace health checks, vaccination and the promotion of healthy eating and exercise.</p> <p>Learning outcomes gained from the 'Empowering Somali Mum's' research project informing our work with migrant communities.</p>	<p>Enhance workplace health initiatives.</p> <p>Continue to provide staff training that supports families with complex challenges.</p> <p>Implement a workforce development and wellbeing framework.</p>
<p>Working together:</p> <p>When working with higher levels of complexity it is increasingly important to ensure services are easy for families to access and get the support they may need from a range of services. We must actively work together across government, community and health education services to ensure quality and cost effective service delivery.</p>	<p>We will:</p> <p>Deliver the Tweddle action plan for supporting aboriginal families and communities.</p> <p>Continue to develop and promote our brand and reputation as a specialist health service.</p> <p>Grow relevant community and health services partnerships.</p> <p>Work collaboratively with governments and other key stakeholders to ensure that services evolve to meet changing health priorities.</p> <p>Pursue national partnerships, especially in the development of evidence informed practice.</p> <p>Influence public policy affecting families.</p>	<p>Facilitated a forum with community agencies to share information regarding Tweddle's Psychology service and referral pathways.</p> <p>Delivered a collaborative training initiative with The Gathering Place family support workers.</p> <p>Continued to deliver services in partnership with Raphael Centre, Western Health, Djerriwarrh Health Service and the Terang and Mortlake Health Service.</p> <p>Worked collaboratively with Child FIRST, Choices, Cradle to Kinder and Western Health to ensure services meet the needs of vulnerable families.</p> <p>Attended the Australasian Association Of Parenting and Child Health annual national meeting.</p> <p>Shared community partner information with online networks.</p> <p>Participated in local area networks to support the development and implementation of health policy and early years initiatives.</p>	<p>Extend and enhance local and regional partnerships.</p> <p>Establish pathways with Aboriginal Community Controlled Organisations.</p> <p>Work together with community partners to meet the needs of vulnerable families in the Barwon region.</p> <p>Improve referral pathways for family violence, drug and alcohol and mental health service providers.</p>

Leadership Report

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Tweddle's Board Report

This year has been a very big year for Tweddle, one of major internal change and introspection, throughout which the high quality work of the organisation has continued. We are grateful to the Victorian Government for the ongoing funding of the work at Tweddle and for the exceptional support provided by Departmental staff during this year of significant change for the organisation.

This year we have farewelled our CEO Ms Vivienne Amery after more than ten years of dedicated service to Tweddle. We have also welcomed a new CEO, Ms Jacquie O'Brien, endorsed a new five year strategic plan, and conducted a major piece of work on the organisation and internal leadership at Tweddle. Whilst all of this was occurring, the staff managed to continue to focus on delivering a high quality service to families who are facing increasingly complex challenges. The Board is very grateful to the staff for their perseverance and professionalism during this time of change.

At this time of annual reflection we want to acknowledge the enormous contribution that Vivienne made to Tweddle in the decade she was CEO. This decade saw transformational change in the sector and in Tweddle, with the transition from 'Sleep School' to a sophisticated multi-disciplinary therapeutic intervention for the parent-child relationship. This major change in practice is based on sound evidence, much of which was established within Tweddle's Research Program. Vivienne was greatly assisted in the research program by Dr Renzo Vittorino, who we also farewelled in April, after five years leading research at Tweddle.

The organisation was very pleased to welcome Ms Jacquie O'Brien as CEO in June. Jacquie came to Tweddle after many years as a CEO for a number of not-for-profit organisations, and her strong leadership and strategic thinking skills will support Tweddle into the next phase of practice.

It goes without saying that the transition to parenthood is a time of great change. The challenges the transition brings up are manageable by many families. Some families however, come into this transition with complex challenges such as addiction, mental illness or isolation, meaning that they need extra support in their efforts to care for young children. For some families the arrival of a new baby in this context means that their relationship and care for their new baby is fraught and requires help. Others are at risk of developing difficulties if help is not received at the appropriate time. Tweddle has been aware for some time of these types of stressors that families have been increasingly facing and have taken the opportunity of a new five year strategic plan to work to provide better targeted and more timely services to families at their time of need, and, hopefully, before the need becomes overwhelming. One pathway to achieving these goals is for Tweddle to prioritise some of its admissions in the residential unit to Child FIRST families and other families with high needs. Another way is to provide priority access to regional and rural families.

The current and future work of Tweddle is dependent upon good relationships with other organisations. In particular the Board is very pleased to see Tweddle developing closer ties with its sister organisations, the Queen Elizabeth Centre and Mercy Health O'Connell Family Centre, as well as Kyneton, Cobaw and Macedon Ranges Health Services.

Tweddle struggles with aging facilities at the Footscray site, some of which are the original 1920's buildings. The facilities have at times limited some of the range of services that Tweddle could offer. Whilst the organisation continues to work towards a new purpose-built facility, in the meantime Tweddle is becoming more innovative in its practice and moving to provide services to families in their communities.

Tweddle has been working on its social media presence to increase our service delivery in the virtual community and is a highly regarded source of parenting information online. Enhancement of access to high quality parenting information and support via electronic media is underpinned by our knowledge that parenting difficulties don't always conveniently occur between the hours of 9:00am and 5:00pm and not every family has access to programs in their local community.

The Board has used the time of change to sponsor and participate in some internal reflection which has led to a program of work culture and leadership development at Tweddle. Although there was some trepidation experienced initially, staff and Board members have embraced the project and we commend all for engaging at such a sophisticated thoughtful level with the work. We are very grateful for the leadership and assistance of the consultants from Innovative Practice who assisted in this work.

Another person who has made an enormous contribution to Tweddle is Ms Josie Rizza. Ms Rizza has retired after nine years holding the key roles of Treasurer, Deputy Chair and Chair. Her wisdom and leadership will be greatly missed.

We also farewell Ms Julie Freeman, another long term member who has made a great contribution. Her clear thinking will be missed. Mr Rob Patterson is also moving on to great endeavours having made a great contribution to Tweddle. This leaves the Board in a position of welcoming several new members, and our new team is looking forward with great energy to 2014.

This year has required much of the Board and as Chair I appreciate the commitment and the dedication that

these volunteers provide to the organisation, particularly the Deputy Chair, Ms Marie Howard, and the Treasurer, Mr Michael Wild.

Dr Nicole Milburn
Chairperson, Tweddle Board

CEO's Message

It is with great pleasure that I take up the role of CEO of Tweddle Child and Family Health Service. The annual report provides an opportunity to reflect on the year that has passed and I am reminded of the extremely valuable work that has been undertaken.

Whilst looking towards the future and embracing our vision, I am cognisant of history, our current services and the future directions of Tweddle Child and Family Health Service.

As a key organisation in the Early Parenting Services environment, we are charged with continuing to enhance our professional service delivery to meet the changing demands of our communities. In doing so we are an important contributor to building safe, nurturing, positive and healthy families.

Our service model is a key component in bringing about transformational change. We need to work to ensure that we deliver wrap around services that interface seamlessly with the government and health sector. This requires our commitment to ongoing professional development, professional reflective practice and the building of bridges across traditional boundaries. This will ensure a strengthened future for the families we serve and for Tweddle. We can achieve this by working collaboratively, respectfully and with a commitment to active participation in building our future together.

Ms Jacqui O'Brien
Chief Executive Officer



Assessment and Intake

Assessment and Intake is the first step in a family's association with Tweddle. Our team includes three experienced health professionals who deliver an evidence based, triaged telephone assessment. This is a stressful time for families and for many it's the first time they are letting someone know they are not coping.

The move is for all Early Parenting Centres to focus on parents with existing or emerging issues including mental illness, isolation, addiction and family violence. Tweddle's intake team works to identify vulnerabilities and respond with solutions to support families multiple challenges and changing needs. This may be through the provision of advice only or recommendations to participate in a Day Stay or Residential program.

Our Client Information Management System TWEQ delivers a biopsychosocial assessment. This improves the team's ability to prioritise clients, based on measurable risk and protective factors. There is always something new to learn as continual updates improve the system. The reporting system allows a data flow of information, to inform, improve and look at new ways to support Tweddle clients.

All Victorian Early Parenting Centres are moving towards 100% health professional referral. Tweddle has taken a step further towards this goal and referral forms can be downloaded from our website, or completed online by a registered health professional.

Intake Service Data			
	2011-12	2012-13	Comments
Pre-book consultations	3687	3473	Consultations were impacted by staff departure and subsequent reduction in staff.
Health professional consultations	108	263	This includes health professionals ringing to clarify admission criteria and assessment and intake staff contacting health professionals to ascertain biopsychosocial needs.
No. of families who received information	2260	2077	Families seeking admission into a Day Stay or Residential program or receiving program information.

“Coming to Tweddle was absolutely brilliant, extremely informative and has brought my anxiety right down and increased my confidence.”



Residential Unit

The admission cycle changes implemented in 2012 -13 have been successful in meeting the goals of families admitted to the Residential program. Tweddle continues to meet our funding obligations as the program balances supporting parents with existing and emerging challenges.

While in the unit, parents are supported by a multi-disciplinary team of Registered Nurses, Early Childhood Professionals, Psychologists and Social Workers. Families and staff work in partnership to set goals that meet families specific circumstances and ensure the goals are realistic.

A range of checks for all family members takes place. This screening includes health checks for both the Residential and Day Stay families. It also includes screening of mothers and fathers for depression, anxiety and stress and the developmental milestones of their children.

Admission to the unit provides an ideal opportunity to explore emotional issues that may otherwise go undiagnosed.

The Karitane Parenting Confidence Scale is an objective measure of confidence with parents of children aged from birth to 12 months. A Felton Bequest grant was made to Tweddle to formally test and evaluate the application of the tool in our Residential program. Tweddle and parents are able to use this tool to assist in the formulation of their goals. They are then able to determine changes in their confidence.

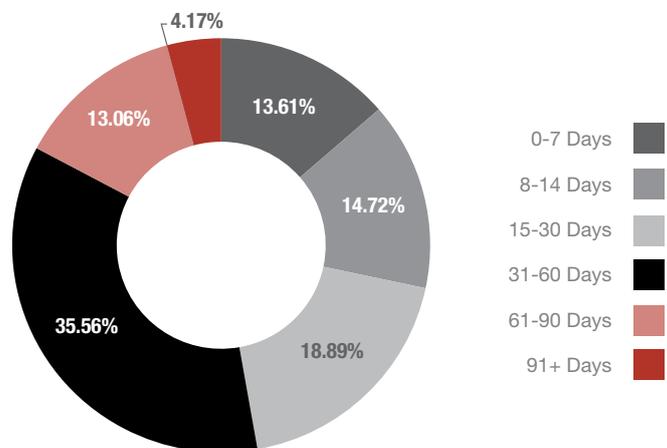
Tweddle in partnership with the Western Child and Family Service Alliance, Cradle to Kinder, Choices and the Department of Human Services established a working group to formulate systems and processes to promote priority access for vulnerable families into Tweddle's Residential program.

This integrated practice initiative, designed to support parents with existing challenges commenced in July 2013. Active engagement, partnership and empowerment are central to this model and therefore the family will be invited to visit Tweddle prior to reaching a shared decision. This will provide the family the opportunity to discuss the admission and what they would like to achieve. It is hoped this referral pathway will enhance service delivery to these families.

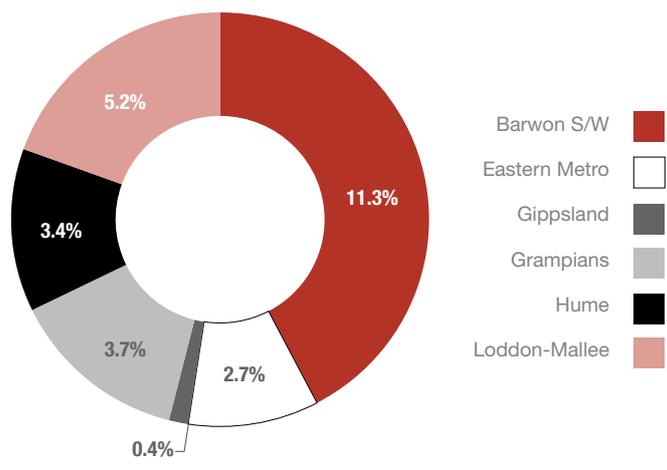
Our client management system Tweq continues to be embraced by staff. Ongoing staff training and development in the client management system will ensure it supports best practice and clinical care.

Residential Service Admission Data		
	2011-12	2012-13
No. beds available each day of operation	7-8 (M-F)	7-8 (M-F)
(Closed Alternate Weekends)	7 (S&S)	7 (S&S)
Clients discharged*	1572	1627
Average length of stay (days)	3.21	3.65
Total No. of Bed Days	5537	7453
Occupancy (%)	95.08	105.00

Waiting Times for Admission to a Residential Service



Tweddle Programs - Families Admitted by DHS Region





PASDS

Parenting Assessment & Skill Development Service

Tweddle’s Parenting Assessment & Skill Development Service (PASDS) supports the parenting skills of vulnerable families referred from the Department of Human Services. The ten day residential program is for clients involved with Child Protection Services.

Staff work with families to understand their circumstances and challenges which can include drug and alcohol misuse, intellectual disability, mental health issues, intergenerational disadvantage, family violence and a history of childhood abuse and neglect. 20% of Mums and Dads attending Tweddle’s PASDS program with a history of out of home care.

Improving connectedness and securing attachment to their child underpins the program, as does acquiring important skills around family health, cues, positive interaction and safe sleeping.

The majority of our families are referred through the North and West Metropolitan region however, we also work with families from Gippsland, Hume, Loddon Mallee, Shepparton, the Grampians and Barwon South West.

The PASDS team works within a multidisciplinary approach with the team comprising of Early Childhood Professionals, Registered Nurses, Social Workers and Psychologists. Staff are often called to attend Children’s Court of Victoria as expert witnesses.

As part of our commitment to ongoing quarterly development, we continue to review all protocols and clinical procedures. Processes are underway for the implementation of the Nursing Child Assessment Satellite Training (NCAST) tools to further enhance our quality of assessment and family partnership training to strengthen our approach to working with vulnerable families in a residential setting.

PASDS Admissions

	2011 - 12	2012 - 13
No of families admitted to a residential program	46	43
No of PASDS Clients admitted to a residential program	128	128
PASDS client bed days - residential	902	1118
PASDS clients average length of stay- residential	7.644	8.734

Psychology Service

Our service provides assessment, brief intervention and referral for parents who are considered at risk of perinatal mental health issues. We continue to see high demand for the Psychology Service. Approximately 46% of mothers and 31% of fathers score above the cut off in the Edinburgh Post Natal Depression Scale (EPDS) and the Depression Anxiety Stress Scale (DASS) respectively.

Almost all clients who attended the Tweddle Psychology Service believe they benefited from the service. More than three quarters report they had implemented strategies discussed in the consultation.

Importantly, statistics indicate that more than 72% of our clients had engaged, or were in the process of engaging with post consultation referrals they received at Tweddle. In contrast, data from community samples reflects a very low uptake of support following a referral. This is extremely encouraging and significant for the Tweddle Psychology Service.

The cohesiveness and effectiveness of the Psychology Service within our multi-disciplinary team is of great benefit for our increasingly complex clients.

“Without Tweddle I would have been hospitalised years ago, I cannot sing your praises highly enough.”

Tweddle psychology client

Projects, Activities and Opportunities

In 2013 we ran a PlaySteps program in the Macedon Ranges. Five families attended this program and all reported increased confidence in reading their children's cues, improved interactions with their children and decreased anxiety regarding their parenting.

“...I am just so happy that we learnt so much from the program and for all the help and assistance provided to us by knowledgeable and supportive people.”

PlaySteps participant

As part of Postnatal Depression Awareness Week, the Psychology Service held an information session and morning tea in September that was well attended. It provided a good opportunity to further build relationships with other services in the West.

A Tweddle Psychology Service representative attended numerous local meetings and forums, providing good networking opportunities and investigation of other options for referral pathways for Tweddle clients on discharge.

The Co-ordinator of the Psychology service presented at the QEC conference. The title of the presentation was “An innovative model of support for EPC clients: How extended intervention leads to better engagement with community supports”. The presentation was well received and obtained some useful feedback.

Over the past 12 months representatives of each of the psychology services of the three Early Parenting Centres met on a quarterly basis to discuss clinical issues and share theoretical and practical clinical management strategies.



5 Key Issues Identified for Pre Admission Clients

	2011-12 (n=16)		2012-13 (n=11)	
	Number	%	Number	%
Exhaustion	13	81%	10	91%
Anxiety disorder	13	81%	4	36%
Depression	12	75%	4	36%
Adjustment	9	56%	7	64%
Relationship issues	5	31%	7	64%

Outcome of Pre Admission Consultation

	2011-12 (n=16)		2012-13 (n=11)	
	Number	%	Number	%
Admission date brought forward	1	6%	2	18%
Admission postponed or client referred to alternate service	6	38%	2	18%
Letter sent to GP	7	44%	3	27%
Case management meeting with residential or other staff	4	25%	2	18%
Liaise with other support agencies	4	25%	1	9%
Referred to different Tweddle program	1	6%	0	0%
Referred to external mental health support	9	56%	7	64%

Residential Program Mothers

	2011-12		2012-13	
	Number	%	Number	%
Total number of mothers screened	537		541	
EPDS in the high risk range	217	40%	248	46%
Mothers who endorse the self harm item	91	17%	91	17%

Residential Program Fathers

	2011-12		2012-13	
	Number	%	Number	%
Total number of fathers screened	184		340	
DASS in the high risk range	59	32%	105	31%
Fathers who endorse the self harm item	7	4%	10	3%

5 Key Issues Identified for Residential Clients

	2011-12		2012-13	
	Number	%	Number	%
Exhaustion	174	72%	228	89%
Anxiety disorder	141	58%	146	57%
Depression	131	54%	119	46%
Adjustment	123	51%	110	43%
Relationship issues	106	44%	92	36%

Referrals and Interventions Provided to Residential Clients

	2011-12		2012-13	
	Number	%	Number	%
General practitioner	36	15%	12	5%
Psychologist	126	52%	111	43%
Couples Counsellor	16	7%	13	5%
Clinical Intervention	205	87%	235	91%
Total No. of clients given referral to 1 or more agencies	139	57%	119	46%

Follow Up Consultations

	2011-12 (n=106)		2012-13	
	Number	%	Number	%
EPDS/DASS in the high risk range	12	11%	29	25%
Clients who endorse the self harm item	5	5%	8	7%
Engaged in treatment (or in process of)	85	80%	83	72%
Issues resolved	29	27%	33	28%
Benefited from consultation	93	88%	108	93%
Using strategies discussed in consultation	67	63%	96	83%

Total Consultations

	2011-12	2012-13
Pre Admit	16	11
Residential - Individual Consultations	242	257
Residential - Secondary Consultations	269	225
Group	51	35
Follow Up - Individual Consultation	106	116
Follow Up - Secondary Consultation	Not Scored	17
Total Consultations YTD	684	661
DHS NPDI Target	620	654

Social Support Program



Access to a qualified social worker and family therapist is available to all families admitted to Tweddle's residential unit. The service continues to provide one-off sessions of individual or couple counselling, advocacy, interventions and community referrals as necessary.

In April the social work program evolved to become the social support program – a program that encompasses social work and family therapy. Most families seen by this program tend to have a variety of complex needs that necessitate both social work and family therapy interventions.

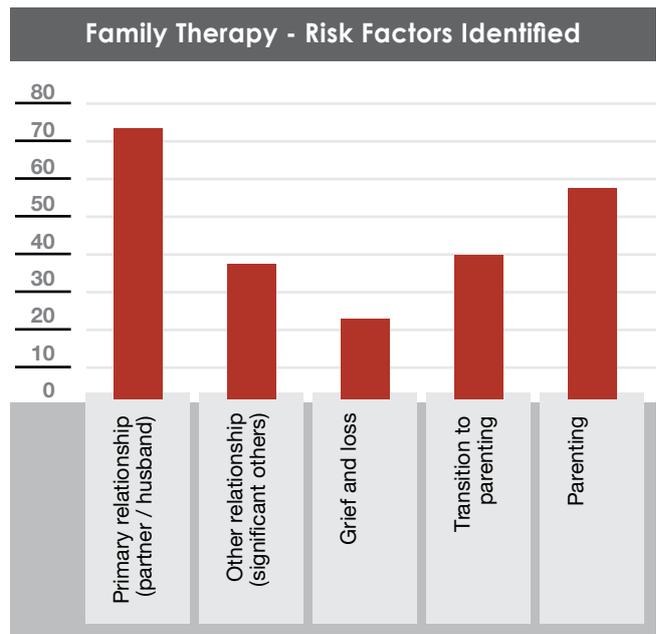
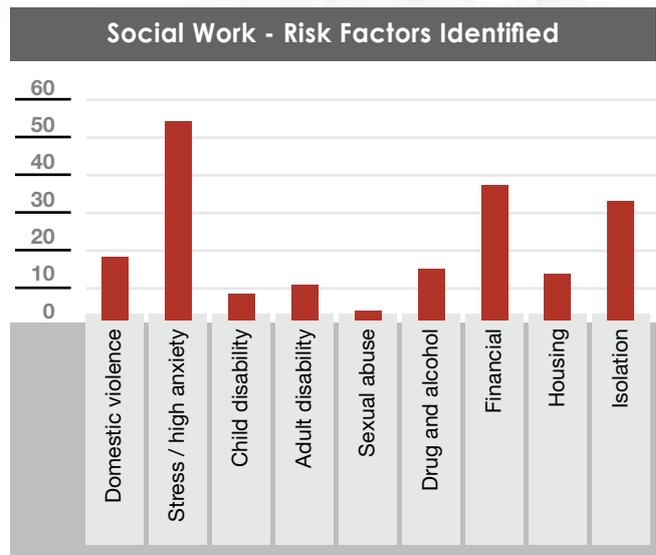
To better assist Tweddle's social services, we are now providing analysis of the therapeutic components of the program; social work, family therapy and a combination of both. The social work component comprises domestic violence, drug and alcohol, stress, disability, finances, housing, legal, isolation and sexual abuse.

The Family Therapy component comprises primary or secondary relationships, team parenting, parenting differences, parenting confidence and the transition to parenting, again all issues regularly presented by families.

The analysis can assist Tweddle in understanding the social and relationship needs impacting on the parental capacity to provide optimum care and safety for their children. It also provides Tweddle with the opportunity to evaluate our current residential sessions and identify gaps that provide more targeted assistance for families.

Families new to Australia will often present with quite complex housing, financial, cultural and/or isolation needs. There is often a need for the social worker to contact several organisations to clarify what support the family is receiving and to connect them with available services.

The social support program saw 179 parents between 1 July 2012 and 30 June 2013. There were 70 referrals to current counsellors or to community organisations and support services.



Community Programs



MyTime

MyTime is a parent and carer support group for families with a child up to sixteen years of age who has a disability, developmental delay or chronic medical condition. The program offers support and guidance to families in challenging times. Groups deliver evidence based resources aimed at strengthening the family unit and building parenting confidence. Valuable topics are explored while children are supported by a play helper and facilitator.

Families are given the opportunity to develop new skills, be creative, make friends and share information. It's important for parents and carers to socialise and share ideas with others who understand the rewards and intensity of the caring role.

The groups help provide an accepting platform for support and resources including pathways into childcare, kindergarten and schools. Thoughts are shared around family relationships and the importance of assisting and supporting siblings in the family.

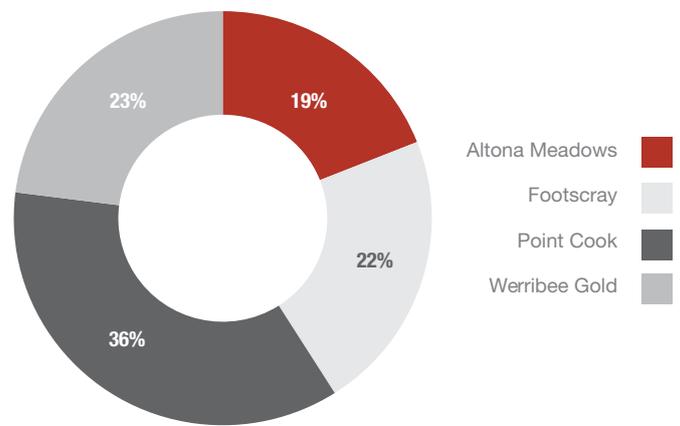
Discussions cover educating families around diagnosis, funding, respite and education and how to advocate for a child's future outcomes. Accessing funding for therapists and psychologists and how children with additional needs enter mainstream or special schools are issues that are regularly shared.

Groups in Deer Park and Hillside have now ceased which reflects changing community demand however our Altona Meadows, Point Cook, Werribee and Footscray groups continue to support families. Community evaluation is currently assessing alternative areas for MyTime groups.

Tweddle thank Wyndham Rotary Club and The Lord Mayor's Charitable Foundation for supporting the program with donations and grants for resources and venue hire.

“ It has given me an opportunity to allow my child to interact with other children in a non-judgemental environment.”

MyTime Member Attendance



This year the MyTime program registered, consulted and supported one hundred parents and carers in four MyTime groups across the western suburbs.

“ When my son was diagnosed I had no help or direction. Once I joined MyTime I was given an abundance of information and contact numbers for support services - I would highly recommend MyTime.”

Community Programs



Day Stay Program

Tweddle's Day Stay programs continue to operate in five western locations across Victoria. The programs have a focus on infant health and development and the promotion of parent-infant emotional attachment. Parents come for help with infant unsettled behaviour and feeding problems and can then get support for depression, anxiety and fatigue.

Day Stay is an education program delivering new knowledge and experiences that 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 program is delivered in Maribyrnong, Wyndham, Geelong, Terang and Bacchus Marsh as an interactive workshop that facilitates coaching, mentoring and guidance in a range of parenting strategies. The focus is on identifying and addressing the physical and emotional needs of children and to support families under stress in the first years of their babies lives.

The general Day Stay program was formally evaluated in 2012. The research was undertaken in collaboration with Dr Heather Rowe, The Jean Hailes Foundation, Monash University. The Tweddle funded research is now completed and has been printed in the International Journal of Mental Health.

Results revealed that Day Stay participants' mental health and their infants' behaviours were significantly improved after their admission. The Day Stay program was seen to respond effectively to the needs of families presenting with substantial physical and emotional health issues as well as a range of vulnerabilities through treating parental mental health and infant behaviour problems together. The study concluded that the Day Stay program offered important benefits for the prevention of more serious family problems and consequent health care cost savings.

DHS Funded Services Data - Day Stay

	Residential excluding PASDS	Maribyrnong	Geelong	Wyndham	Total Day Stay
2011-12 Families	543	391	63	143	597
2012-13 Families	625	381	154	77	612

Collaborative Day Stay Data

	Bacchus Marsh	Terang	Total
2011-12 Families	274	76	350
2012-13 Families	290	135	425

Prison Program

Tweddle's work supporting parents in prison continued throughout the year with programs at Dame Phyllis Frost Centre, Port Phillip and Tarrengower Prisons.

Early parenting education is a vital component of supporting parents to raise their young children whilst incarcerated. Tweddle's Prison Program starts by evaluating each parents' parenting confidence, skills and feelings.

Program objectives centre on enhancing parenting skills and strengths, problem solving and understanding a child's developmental needs. Other important elements involve learning about attachment, age appropriate parenting strategies and the family experience when a young child is visiting prison.

The ability to recognise and respond to their child's needs are assessed. These include identifying distress, social and emotional needs and fostering cognitive growth. We work with parents around clarity of cues, child responsiveness, nutrition and hygiene, to develop a greater understanding that these are essential to positive health outcomes.

Individual satisfaction surveys are given to all participants following each program with overwhelmingly positive feedback being received this year.

Dads at Port Phillip Prison explored topics such as getting to know you and your child, what it means to be a dad and far away parenting. Dads also talk about returning to the family home, relationships and self-esteem.

Visits to Tarrengower Prison have commenced with workshops preparing women for a return to families and community. Groups focus on parenting strengths, relationships, dealing with emotions and practical skills such as cooking.

Prisoners were given a copy of the children's book 'When I'm Feeling Loved' by Trace Moroney donated with thanks to the Inger Rice Foundation. Many prisoners enjoy sending their child a special book.

Our work with mums and dads in prison aims to help break the cycle of offending by strengthening the emotional attachment between parent and child, reinforcing the importance of role modelling positive behaviour and building parenting strengths and confidence.

Childbirth Education

Every year over 5,000 babies are born at Sunshine Hospital making it one of Victoria's busiest maternity hospitals. In partnership with Western Health, we continue to provide expectant parents the option of midweek or weekend Childbirth education classes. Over 300 families attended classes covering topics including signs of labour, progress of labour and birth, options for pain management, breastfeeding and early days of parenting.

Day and evening sessions, which are run by qualified Childbirth Educators, include an optional 'Now you're a parent' class six to twelve weeks after the birth of their baby. This class allows parents a chance to further their knowledge in parenting and is facilitated by a Registered Midwife and Early Childhood Professional. Classes continue to reflect the rich cultural diversity that exists across Melbourne's west.

"I felt really supported and most importantly gained confidence in my parenting abilities."



A 2012 paper published in the Journal of Family Studies written by Barbara Cosson and Elinor Graham reported on the perceptions of fathers involved in five focus groups which were conducted on behalf of Tweddle. The focus of the research was on how dads might take up their parenting role and what expectations and perceptions they had of support services. The research set out to identify barriers and opportunities in relation to fathers' engagement with residential and broader parenting support programs.

The study's findings revealed that through their comfort, caring and nurturing, fathers in this research highlighted some of the ways that men are actively 'reshaping' fatherhood to incorporate both feminine and masculine characteristics. Tweddle has developed a dedicated online resources hub for dads and will continue to Promote the importance of fathers in the parenting role.

Specialist Early Parenting Program Evaluated

In partnership with Hume Moreland Integrated Family Services (HMIFS), Tweddle ran a pilot program in 2011 to develop a specialist in-home early parenting support for families referred by Hume Moreland Integrated Family Services. Priority was given to vulnerable families with children under four years, or where at least one child was under 12 months of age, or the mother was pregnant. Tweddle undertook an evaluation with the University of Melbourne for the purpose of providing information:

- About the linkages between Tweddle, the HMIFS Alliance and DHS;
- On the nature, role and level of formal relationships that exist between Tweddle, the HMIFS Alliance and DHS;
- The perceived benefits and transferability of partnerships

Highlighted in the evaluation was the positive communication between the Alliance and Tweddle, resulting in both parties having a clear understanding of how they could work together. The collaboration led to very vulnerable families being provided with skills and competencies from a range of agencies. It was suggested the partnership model could be transferred to other similar projects. Based on a successful evaluation of the project Tweddle is interested in replicating this program in other areas of need and will be looking for future funding opportunities.

Empowering Somali Mums research project

Tweddle partnered with Red Tree Consulting to explore parenting from a Somali Mum's perspective, with thanks to a grant from The Victorian Women's Trust Con Irwin Sub Fund. The project, which included Somali health professionals and two focus groups with Somali mums from North Melbourne and Flemington explored the barriers to getting parenting support. The report, which is available on Tweddle's SlideShare page, looked at parenting styles, building trust, the need for interpreters and supporting cultural differences that affect parenting choices. This valuable research helps underpin our approach to working with migrant families.

Health Literacy

Together with key western health organisations, Tweddle is participating in a twelve month Health Literacy pilot run by The Centre for Culture, Ethnicity and Health. The course aims to build the capacity of agencies to respond to health literacy at both a client and organisational level. The program is being evaluated by The Australian Health Workforce Institute at The University of Melbourne. Tweddle acknowledges the impact of low health literacy on health outcomes and is committed to addressing the health literacy barriers of clients and communities.

Breastfeeding

Tweddle's lactation consultant worked on a Deakin University funded Breastfeeding pilot study based on women with a BMI over 25. The Pilot researched whether intervention and support helped overweight women to breastfeed for longer and if possible exclusively. The study was in two groups of twenty. The 'Control' group received normal community care which consisted of one domiciliary visit from a hospital midwife, possibly a visit from the hospital lactation consultant and then the normal MCHN visits. The second or 'intervention' group had the normal care above plus two visits from a lactation consultant. The findings from this study will influence further work by Deakin University.

Infrastructure

Tweddle's Footscray facility received some much needed attention this year with annual work to recarpet and repaint the main traffic areas of the residential unit. Students from West Footscray Primary School donated thirty colourful painted canvases depicting family. These are displayed throughout Tweddle bringing warmth and cheer to families and staff. Four Footscray Day Stay nurseries were upgraded.

We've been working towards making improvements to our facility, this includes increased security in our residential building and remodelling of the Nurses' Station.

The opportunity to replace the section of the roof over the laundry, kitchen and utility area now provides a good source of water for the tanks that keep our gardens in excellent shape.

"I think after having two kids and having no family in Australia, I felt alone but coming to Tweddle has given me the opportunity to feel I am not alone and not the only parent who sometimes feels frustrated."

Information Technology

Tweddle continues to work in partnership with QEC to improve and enhance the customised patient information system TWEQ. We have commenced work to develop comprehensive reporting systems to support the needs of staff and families. Building TWEQ's reporting capabilities will continue in the coming year.

The Karitane Parenting Confidence Scale was added to the system during 2012. This has allowed us to add to our data bank, assists with performance monitoring as well as providing opportunities for targeted improvement. In addition it will support us in providing targeted data for further research and evaluation.

Key highlights in IT this year include:

- Installation of a wireless network
- Server and hardware upgrades
- Software upgrades
- Rollout of Riskman for incident reporting
- Improvements to our website
- Development of Tweddle social media presence
- Upgrades to network equipment
- Introduction of tablets to the work place

Finance

Tweddle has achieved a small net surplus of \$25,297 in our delivery of the Health Services Agreement.

Detailed reporting on a monthly basis is completed and the Finance, Audit & Risk committee meets monthly to review the financial reports and to make recommendations where required to the board.

Achievements in finance for the year were:

- Introduction of a new management reporting format
- Further development of Riskman software as an incident reporting tool
- The full audited financial reports including the disclosure index with attestation will be provided in a supplement to the annual report



“Thank you Tweddle for taking my family on a wonderful journey, which has given me insight, confidence, support and hope to understanding my child’s needs, wants and overall communication.”

Communications

Tweddle’s website continues to evolve with the growing demand for resources such as tip sheets, information for Dads and resources for parents of children with a developmental delay or disability. Tweddle’s social media presence experienced continued success and increased interaction from parents and health professionals.

Website analytics and social media metrics allow us to gain a better understanding of how families interact with us and the resources they need. Both platforms allow us to grow our community and provide a transparent conversation with parents who may require support, including isolated parents.

Tweddle introduced Google translate to its website which offers translation into over 70 languages. We are working to build on feedback from families to strengthen this option.

Human Resources

This year Tweddle implemented a systemic review of workplace culture, capacity building and teamwork structures as part of an ongoing investment in our people and commitment to best practice service delivery.

Change management consultants Innovative Practice worked with staff, management and the Board to explore and assess teams, leadership, processes, morale and relationships. Reflection, action learning, passion and creativity ensued with staff sharing a commitment to their roles, their teams and to Tweddle’s future directions.

We continued to negotiate with HSU and VHIA regarding the Enterprise Agreement for Health Professionals, Health and Allied Services, Managers and Administrative Officers. We continue to work to ensure future skills development is aligned with our strategic plan and supporting parents with existing and emerging challenges.

Employees participated in work place health initiatives, with many staff reporting positive lifestyle changes.

The spirit of Christmas was alive and well at our annual Christmas lunch. The event was held on site with over twenty children and grand-children of staff bringing cheer to the event. The opportunity to get together and celebrate our achievements combining staff and family was appreciated by all.

Our People

Tweddle provides a family friendly workplace that supports staff in achieving a harmonious balance between home life and time at work. As an organisation employing those committed to supporting vulnerable families, our workplace structure reflects that of our values; family focus, cooperation and openness, respect, treating people equally, community connectedness, creativity and learning.

The Tweddle workforce at 30 June 2013 was 35.2 EFT comprised of 59 permanent and part time staff on the payroll and a nursing bank of 32. The professional profile of staff is as follows:

Staff Profile	EFT	
	2011 - 12	2012 - 13
Registered Nurses	11.5	9.8
Early Childhood Professionals	9.9	11.1
Psychologists	1.6	2.1
Social Workers	1.8	2.1
Corporate Staff	10.8	10.0

Equal Opportunity and Workforce Statement of Employment and Conduct

Merit and equity principles are encompassed in all employment and diversity management policies, procedures and activities and the Victorian Public Sector code of conduct applies to all staff.

Training and Professional Development opportunities provided to staff during the year:

- Drug and Alcohol Training
- Family Partnerships
- NCAST
- Infant Mental Health
- PEDS Training
- Working with Vulnerable Families
- Violence Against Women
- Handle with Care (preventing and dealing with violence and aggression in the workplace)
- Work life Balance
- Oral Health
- Manual Handling

Why I Love Tweddle

“Tweddle’s Psychology team work closely with all our clinicians to ensure that our families feel supported both while they are at Tweddle, and when they return to their communities. For many Mums and Dads coming to us for help, it’s the first time they’ve had a chance to talk to a professional about some of the difficulties they may have been experiencing in their transition to being new parents or a bigger family. One of our key goals at Tweddle is to support parents in strengthening the relationship between them and their children. We are fortunate to regularly witness families increasing their parenting confidence, gaining some understanding of their anxiety or depression and supporting them in engaging with ongoing supports and reconnecting with local community. We think that we are very privileged to be part of this journey with our clients.”

Nikki Zerman, Tweddle Clinical Psychologist



“Having my partner here at Tweddle made it even better but it has been so good to achieve my parenting goals, it was like having your own village to help.”

Tweddle is proud of its commitment to continuous improvement across our organisation. Over the last year the Tweddle quality and safety management framework has been transformed and a new working document is currently in force, endorsed by the Board. The framework covers all aspects of quality management at Tweddle, including the Tweddle Quality Policy, the Quality Plan, the documents review cycle, hazards, incidents, complaints and risk, quality training for staff, and performance indicators and targets.

The Quality Plan is a register of current quality projects, and all staff members are encouraged to add to the plan by submitting proposals for new projects. For example, an Early Child Professional with the PASDS program initiated a new project for reporting on the level of client satisfaction with the PASDS program. Relevant and appropriate client questions were developed by PASDS staff, and a new form has been developed, trialled and is now implemented.

Through the accreditation process, Tweddle enjoys independent external peer review of its performance in all areas of operation. Our accreditor is the Australian Council on Healthcare Standards (ACHS), a leading authority on the assessment and implementation of quality improvement systems for Australian health care organisations.

The ACHS accreditation process comprises a four year cycle with at least one activity every year. The surveyors' report for 2012 commended Tweddle for “having a clear client focus, planning with a forward thinking and future oriented perspective, and working in a partnership with others wherever possible and appropriate”. This review also confirmed a positive focus on providing a high quality

specialised service to clients and to continuing to pursue risk management practices that are both present and future oriented”.

Confidential client surveys offered to every mother and father were used to ascertain levels of satisfaction with service provision. Analysis of the survey sample of 402 participants showed that 96% were satisfied with the help they received during the program, 98% reported that they were given ideas to try at home, and 93% reported increased confidence in the area of their main concern.

Our online information management system enables a high level of reporting which supports our quality improvements. The client information management system, TWEQ, is a powerful tool for identification and analysis of trends. The Riskman incident, feedback and complaints register facilitates analysis of incidents and risks.

Occupational Health and Safety (OHS)

The Occupational Health and Safety Committee meets monthly and is active and diligent in achieving a high standard of safety for staff at Tweddle.

The Committee oversees regular workplace inspections of all its sites, in accordance with their agreed workplan. This year the number set out in the workplan was increased, and the procedure for the inspections improved. Staff from each site are now more actively involved in the process, and performance guidelines redefined. All scheduled workplace inspections were achieved as planned.

Declarations and Compliance



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 9 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.

Quality Accreditation

In 2012 Tweddle demonstrated to the Department of Human Services that we met all relevant standards and achieved registration as a Community Service Organisation, current till 2016. The Australian Council on Healthcare Standards (ACHS) now review Tweddle on its own EQulP5 Standards as well as the DHS standards. We continue to be compliant with these standards.

Building and Maintenance Compliance

The buildings and general infrastructure were maintained throughout the year. A section of the roof was replaced over the Residential Unit, external doors were replaced, emergency locking added to the main door and a childproof fence installed to enhance security of the premises.

Medical Records

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

Whistleblowers Protection Act 2001

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

National Competition Policy

Tweddle complies with the Victorian Government guidelines when tendering out service contracts. In addition Tweddle undertook an independent review of the procurement function in August 2011.

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. A number of changes have already been made to reduce our footprint.

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
- more efficient printing practices
- move to electronic client records
- separation of waste

There has been an overall reduction in greenhouse emissions at Tweddle. Particularly pleasing is 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.

Declarations and Compliance

Annual Environmental Performance Report 1st April 2012 to 31st March 2013

Data	Quantity	Measure per FTE 35.2	Cost	Greenhouse Emissions 2013 (tonnes)	Greenhouse Emissions 2012 (tonnes)	Greenhouse Emissions Reduction (tonnes)
Electricity - General	110828 Kw	3148.52	\$19,430.00	148.51	132.22	-16.29
Electricity - Green	36943 Kw	1049.51	\$6,477.00			
Natural gas	853796 Mj	24255.56	\$10,657.81	47.24	60.46	13.22
Vehicles	3248 Lt	92.28	\$4,530.48	5.75	8.08	2.33
General waste	53900 Lt	1531.25	\$3,079.46	11.40	58.50	47.10
Comingled - full	53900 Lt	1531.25	\$1,819.38	11.33	46.18	34.85
Confidential paper	2880 Lt	81.82	\$702.39	5.50	6.60	1.10
Water consumption	3512 Kl	99.77	\$4,630.81	N/A	N/A	N/A
Recycled water	32500 Kl	923.29	\$0.00	N/A	N/A	N/A
Paper Used	367 Rm	10.43	\$1,848.51	1.39	1.34	-0.05
Disposable nappies	15840 Lt	450.00	\$4,398.21	14.52	13.22	-1.30
				245.63	326.60	80.97

Consultants and Contractors

The following organisations were engaged during the financial year 2012-13 to a total cost of \$155,828.50.

Consultants

Innovative Practice
 Red Tree Consulting
 Ms Dianne Halloran
 The University of Melbourne
 Forde Advisory
 Libby Fordham Communications
 Action Words

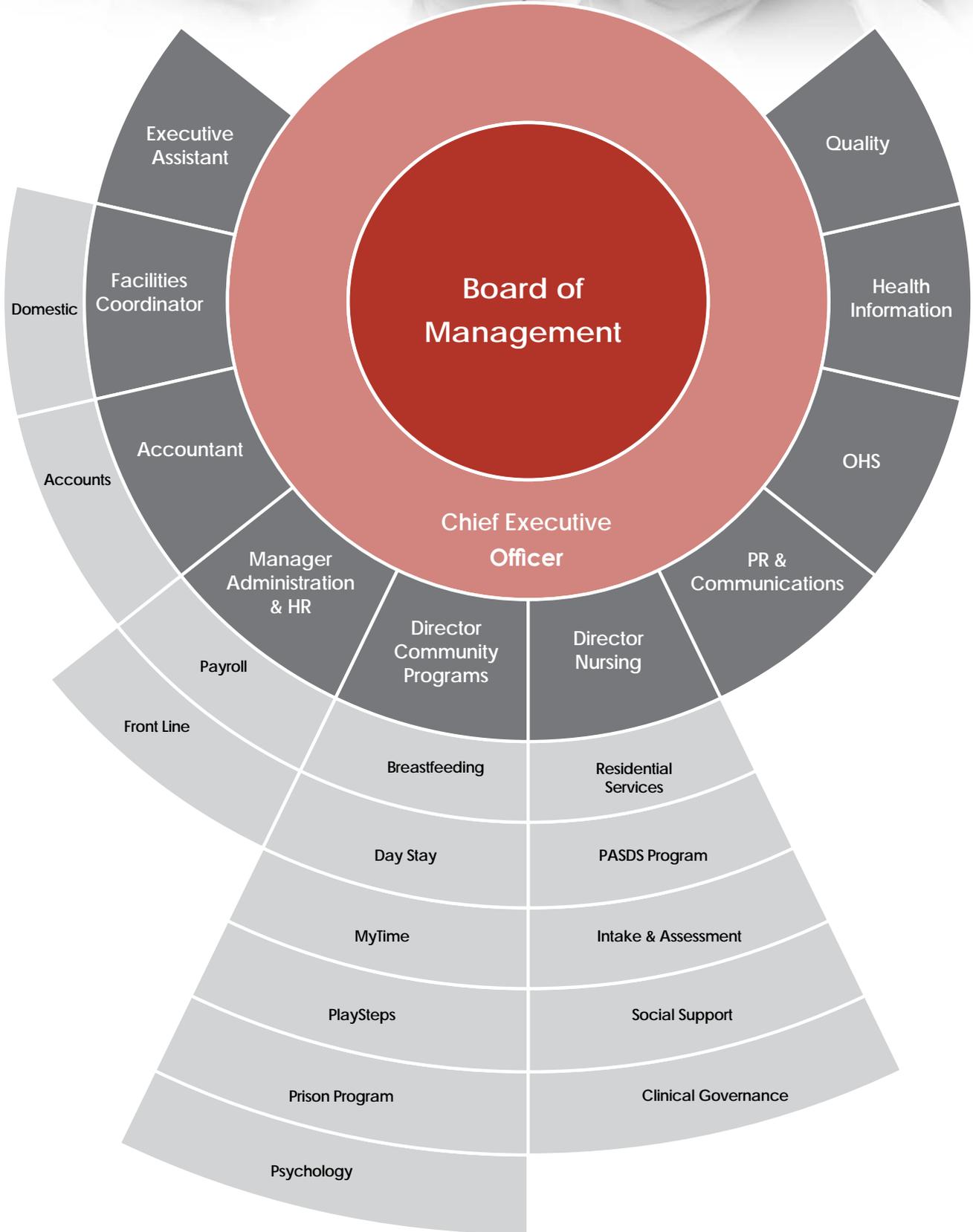
Contractors

itconnexion
 National Payroll
 Workforce Legal
 L&M Garden & Handymen

Other Information

Information required in accordance with FR22 of the Financial Management Act 1994 has been prepared and is available on request.

Organisational Chart



Governance & Accountability



Tweddle is accountable to the people of Victoria through The Hon. Mary Wooldridge MP, Minister for Mental Health, Minister for Community Services, Minister for Disability Services and Reform.

The Board, appointed by The Hon. David Davis MLC, Minister for Health and Minister for Ageing, 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. All board members participate on at least one sub-committee, 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
- Projects 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. Key activities for the Board in 2012 - 13 were:

- Endorsement of new Strategic Plan 2012-2017
- Review of governance model
- Implementation of internal review of work culture leadership
- Appointment of new CEO

Tweddle's Clinical team is managed by Director Of Nursing Mr Andi Jones.

“I cannot thank everyone enough for the opportunity to be at Tweddle, to get the support I needed and the opportunity to ask questions as they arose. The team are fantastic and knowledgeable and will help me to be a better parent.”

Tweddle Board Members



	Meetings Attended	Position	Professional Affiliations/Employment
Dr Nicole Milburn BSc Grad Dip Psych (Counselling)	7/7	Board Chairperson	Clinical Psychologist
Ms Marie Howard BA, Grad Dip Early Childhood Studies, Cert IV TAA, Cert IV Frontline Management	4/7	Deputy Chair Person Chair Ends and Research Committee	Business Consultant, Strategic Planning and Taxation
Mr Michael Wild Bachelor of Business (Accounting) CPA	5/7	Treasurer Chair Finance + Risk Committee	Group Financial Controller
Ms Josie Rizza B Ec; Grad AICD; CA; Grad Securities Invest Aust; Grad Dip App Fin & Invest	2/7	Co-opted Member	Business Consultant Strategic Planning and Taxation
Mr Rob Paterson Master of Management, Bachelor of Applied Science,	3/7	Member	Commercial Operations Manager
Ms Julie Freeman LLB, BA, Graduate Diploma (Natural Resources)	6/7	Member	Special Counsel (Lawyer) Local Resident
Ms Susan Gannon Registered Nurse, Post Grad Dip in Family Child Health, Bachelor Ed Primary	5/7	Member	Executive Management, Health Sector
Dr Carl Orkin BS Biochemistry, MD, Consultant Paediatrician-FRACP	5/7	Member	Paediatrician
Ms Maureen Dawson Smith BA Dip Ed, MBA Health Administration Masters of Counselling Accredited Mediator (IARMA)	5/7	Member	Consultant Local Resident
Dr Jan Tennant BSc (Hons) PhD FASM Grad Cert Mgt	6/7	Member	Chief Executive Officer
Ms Leharna Black Assoc Dip (Accounting) Bachelor Business (Marketing) MBA CPA	6/7	Member	Business Consultant

Thank you to donors & community partners

28



Total donations for the year were \$143,712. Tweddle is very grateful for the generosity of each and every donor. All monies are used to purchase resources or to support programs and research projects.

Donations over \$500 and Grants for the year 2012 -13

6a Foundation

Give Where You Live

Felton Bequest

Mary MacKillop Foundation

William Angliss Foundation

Lord Mayors Foundation

Medela

Peter Williams Trust

Wyndham Rotary

Rotary Club of Footscray

Ms J Stephens

We would like to express our gratitude to a number of supporters. Tontine generously donated quilts, pillows, mattress protectors and pillow protectors for 18 beds. We also extend our thanks to Fay Stankovich who for two years has been knitting beautiful jumpers for our PASDS toddlers and to help raise money for art supplies. The Royal Agricultural Society of Victoria donated Melbourne Show tickets to MyTime families and Ikea kindly donated goods including a kids' kitchen for the playroom. We thank Rotary in Wyndham and in Maribyrnong for their kind support that assisted with MyTime overheads and purchasing the latest in first aid equipment.

The Block

Over a long weekend in March 2013 an enthusiastic group of trades people, film and production crew, expectant mothers and contestants took over Tweddle's Day Stay Centre. Contestants created dream nurseries as part of a challenge on the tv show, The Block. Staff were sworn to secrecy for three months leading up to the show screening on Channel 9. Tweddle's Day stay now proudly boasts four

children's rooms featuring the latest in nursery equipment and furnishings. We are extremely grateful for the equipment, workers time, resources, furniture and fittings which were all donated.

Children's week

Tweddle invited students from Footscray West Primary School to create a painting based on community and family as part of Children's Week. The overwhelming response amounted to six weeks of hard work producing paintings, dream catchers and papier mache families. The thirty canvases, donated to Tweddle by the students are displayed throughout the residential unit living areas. The warm and cheerful artwork creates a joyful and colourful environment and demonstrates passionate community involvement. The event which included an art exhibition, was supported with donations from local Footscray Supermarket, Sims and Officeworks in Yarraville. Thanks go to students, art teacher Ms Susie Belcher and Principal Mr Brendan Millar and their teams for their hard work and time.

Life Governors

Mrs Margery Maskell

Mr Valentino Adami

Ms I Brennan

Mr Ian Broadway

Mrs Loris Charlton

Ms Julie Collette

Ms Prue Digby

Mrs Diana 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

Condolences

We extend our condolences to Uncle Reg Blow's family and the Aboriginal community on his passing in 2012. We all came to know and respect Uncle Reg through our Aboriginal cultural competence training. Uncle Reg shared with us stories of the past and present and inspired us with hope for the future and how we at Tweddle could embrace change. We are all grateful for having met him.

Friends of Tweddle

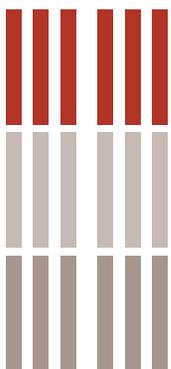
Once again we are very grateful to our Friends.

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

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