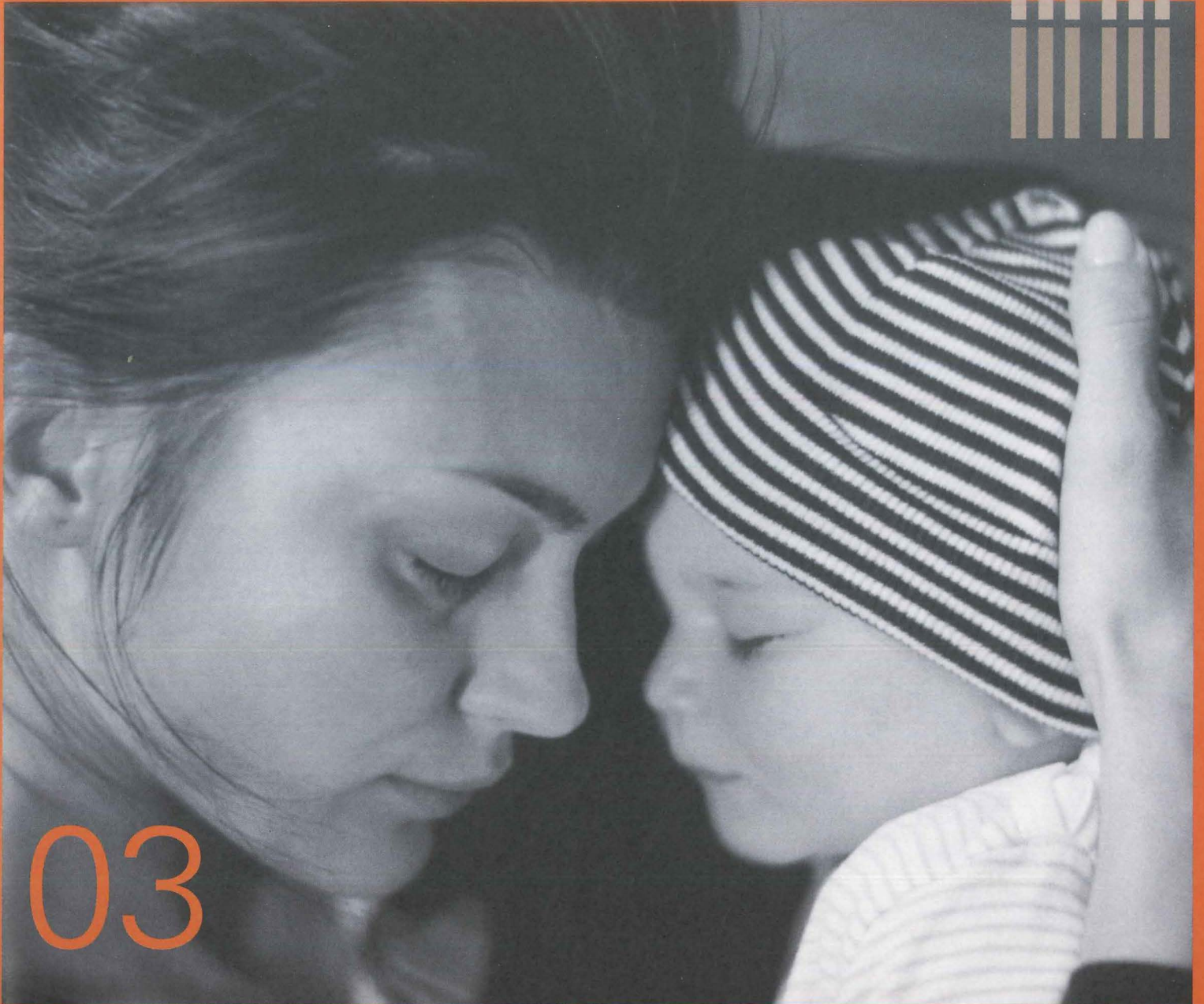


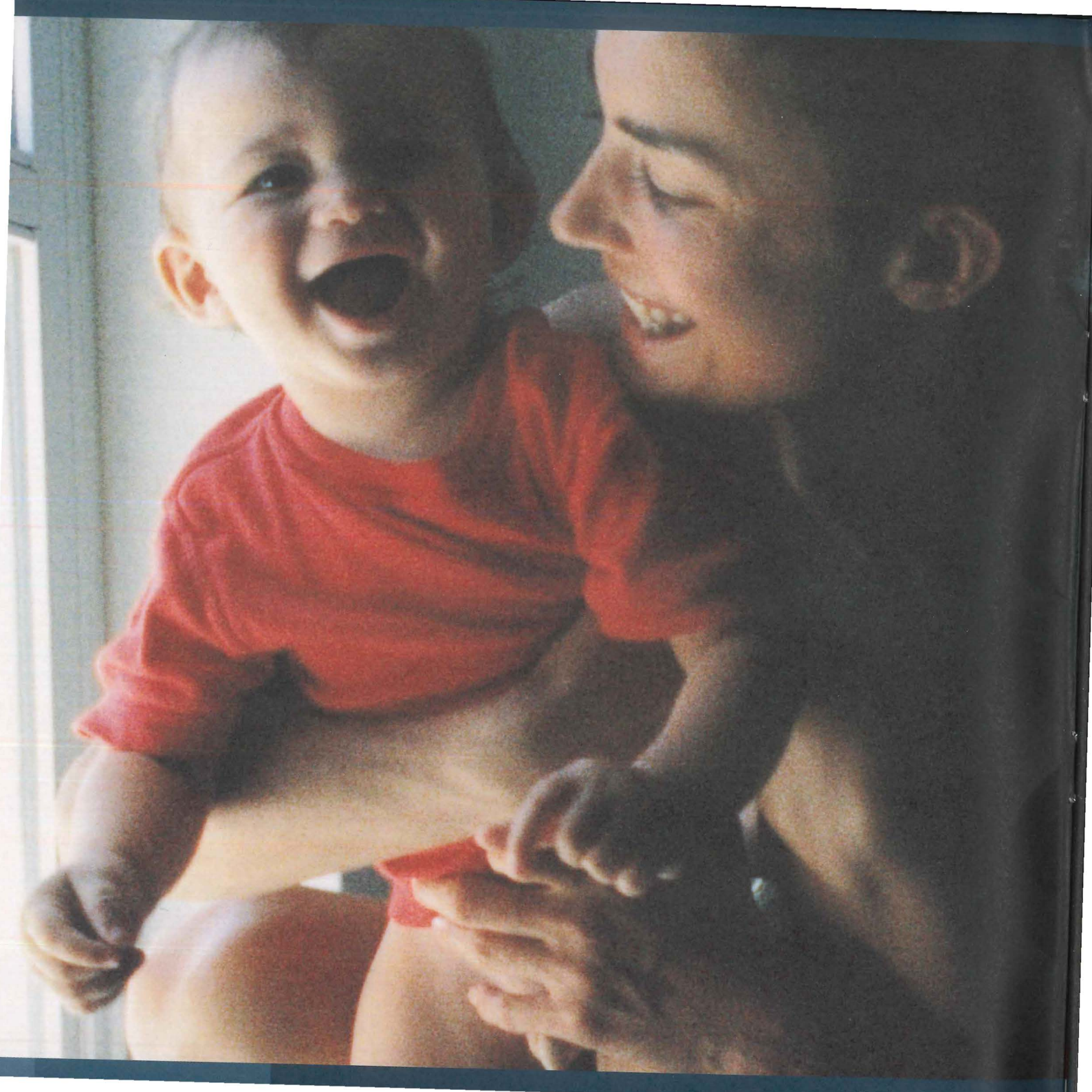
tweddle annual report



03









Fostering

Community  
Educating  
Teaching  
Strengthening  
Encouraging  
Supporting

## our mission

Tweddle Child and Family Health Service provides a specialist health development and family support program aimed at strengthening independent family functioning, promoting health and preventing illness and injury. It is concerned with the optimal health, growth and development of all clients.

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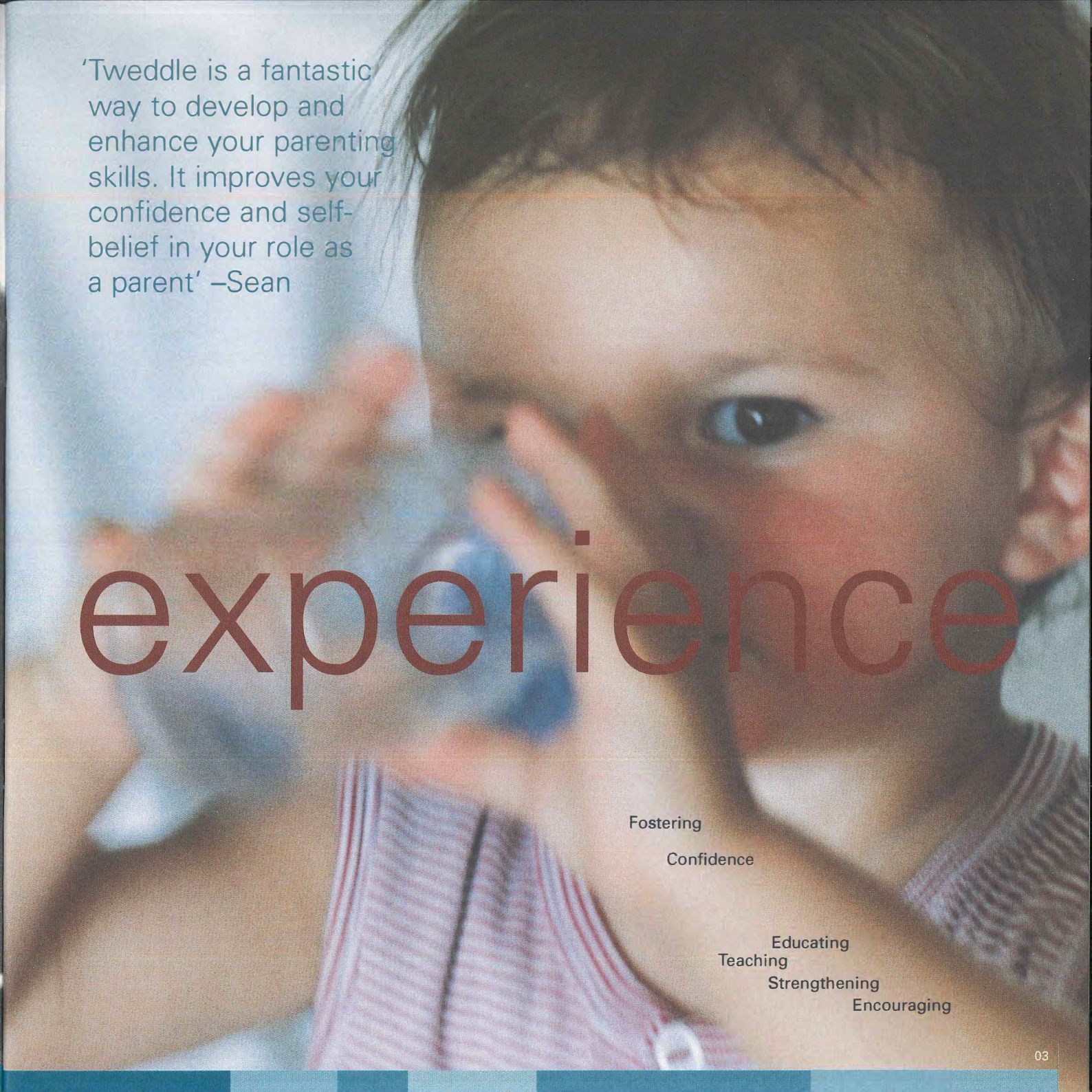
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A black and white photograph of a man with dark, curly hair and a slight beard, looking directly at the camera. He is holding a baby in front of him. The baby is looking slightly to the left. The background is blurred, showing other people in a social setting. Overlaid on the image in a large, orange, sans-serif font is the text "care +".

care +





'Tweddle is a fantastic way to develop and enhance your parenting skills. It improves your confidence and self-belief in your role as a parent' –Sean

# experience

Fostering

Confidence

Educating  
Teaching  
Strengthening  
Encouraging



# about tweddle

## Our objectives

To provide a specialist health promotion, education and family support day and residential service directed towards assisting parents in caring for their infants and young children.

To develop and implement services at Tweddle, and within the community, which will enhance and improve the quality of the services already provided to children, families and community with a view to promoting health and social equity.

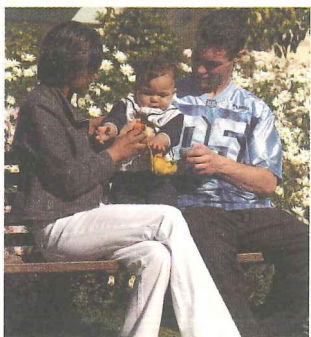
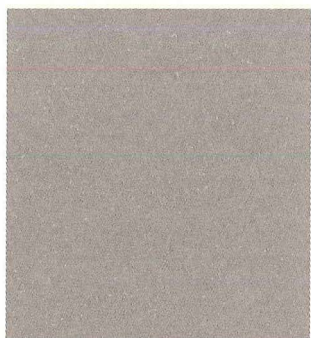
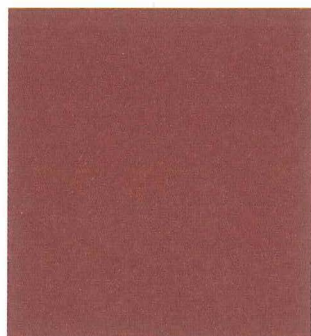
To facilitate and encourage involvement in services by liaison and networking, and to assist users of services to make informed decisions about health care.

To foster continuing improvement in health care standards through education, training and dissemination of information.

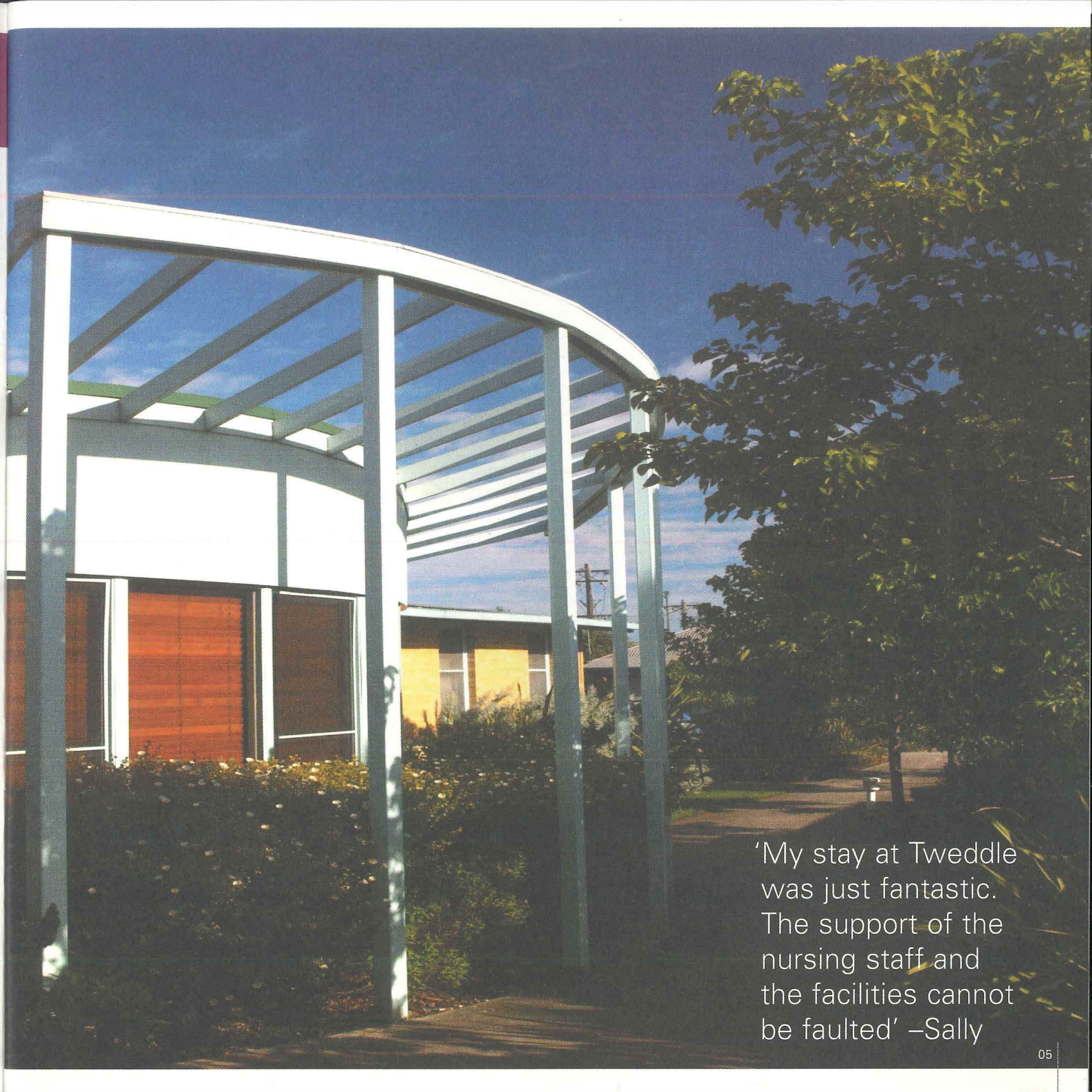
To efficiently utilise appropriate physical and human resources to promote health and wellbeing, and to prevent disease, injury and suffering.

## Our values

- Stable and positive leadership
- Teamwork and collaboration
- Respect and caring
- Valuing each other
- Open communication and decision making.








'My stay at Tweddle was just fantastic. The support of the nursing staff and the facilities cannot be faulted' –Sally





'All parents and babies  
could benefit from  
the knowledge and  
support you get at  
Tweddle' –Jennifer





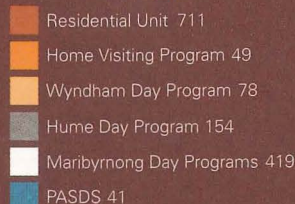
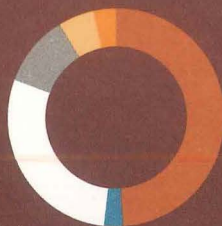
## Highlights for 02/03

- 99% of clients said they would be happy to refer someone to a Tweddle program
- Major extension to the prisons education program
- Research completed with Key Centre for Women's Health in Society (The University of Melbourne) on service outcomes in parenting services
- The national Parent Skills Development Framework substantially completed
- New policy and governance framework implemented by Board
- The publication of a new and invaluable book for parents, entitled "Eat Right – Don't Fight"
- Investment in improved internal communications system
- Establishment of a user-friendly website ([www.tweddle.org.au](http://www.tweddle.org.au))

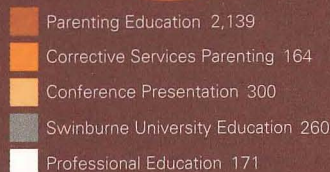
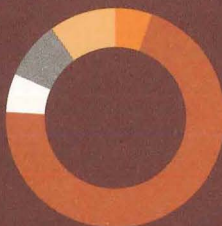
To efficiently utilise appropriate physical and human resources to promote health and wellbeing and to prevent disease, injury and suffering

## tweddle at a glance

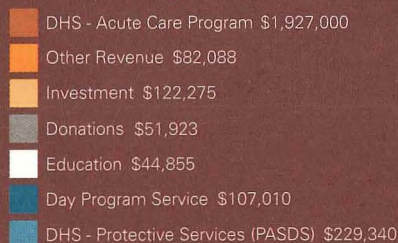
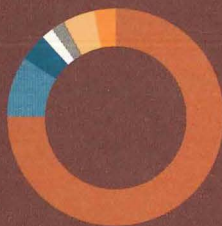
### SERVICES ACCESS BY FAMILIES



### EDUCATION PROGRAMS



### INCOME BY SOURCE



## Case Study 01

### SHARON + RAIDEN

Sharon had three children under five and the youngest was just eight months.

She was formerly from the UK and presented late in 2002 at a Tweddle Day Stay program.

Sharon's partner worked on permanent night shift and with no family in Melbourne, she approached Tweddle because parenting was just getting too difficult for her.

When Sharon arrived at the program she was stressed and exhausted. She felt very isolated. Little Raiden, her baby, had a dummy constantly and seemed unsettled. Sleeping patterns for Raiden were virtually non-existent. On most nights the baby ended up sleeping with Sharon (while her partner was at work).

During the program, Raiden began responding to some settling strategies. The nurses talked to Sharon about making time for herself. By the end of the day she was already feeling more positive.

In a follow-up call a week later, there were significant improvements in the household.

Often Tweddle staff find that just getting parents to think about what's actually happening, can have a very positive impact. Parents invariably get increased confidence from the manner in which they are treated by staff. Then it's a matter of suggesting some practical strategies for implementing at home.

In Sharon's case, after one visit to the Day Stay program, her baby began sleeping through the night for the first time.



# president's report

## Progress in many directions

2003 has been a challenging year for Tweddle Child and Family Health Service.

During the year, the focus for the Board and CEO has been on embedding our governance framework into everyday decision-making and into our strategy-setting processes. The Board has continued to set clear guidelines and parameters for decision-making and established clarity in the roles of the Board and the CEO.

The Board's role in setting strategy and the role of the CEO and management in implementing it were clarified and affirmed during the year through various planning and reflection meetings.

With the full support of the Board and the whole executive team, Tweddle is now pursuing a three-pronged strategic direction:

- Growth and managing demand
- Establishing an evidence base to service delivery
- Ensuring excellence in service delivery.

## Growth and managing demand

Over the last decade or so, the community at large has displayed new interest in parenting. There has also been a growing understanding at a federal, state and local government policy level about the importance of the early years in child development.

In view of such trends, it is not surprising that there has been an increased demand for Tweddle services. In addition, the policy and funding commitment of both state and federal governments have also strengthened demand for Tweddle services.

Whilst Tweddle has been recognised as an innovator in developing services beyond residential care, the demand for our services provides an imperative for us to look at new ways of meeting the needs of families with young children.

We are also acutely conscious that there are certain population groups that underutilise our services – especially non-English-speaking parents and families in rural and remote communities. Equally, we are aware that there are very real needs among groups that we do not cater for, particularly children and siblings in the middle years (6–12).

Questions concerning what geographical locations we should be looking at, and how much we grow residential services compared with a home visiting outreach, are under review by the Board as we move forward.

In early 2003, the Department of Human Services initiated a review of the state's early parenting services. The review's key objectives are to ensure that early parenting centres are maximising the value they provide for the community.





Tweddle welcomes the opportunity to contribute to the review and to advocate for the continued provision of a universal service to all families struggling with the challenges of parenting.

### Establishing an evidence base to our service delivery

It is increasingly the expectation of government, service users and communities generally that there is an evidence base to our practice.

We recognise the need to regularly analyse and publish information on the outcomes that our service achieves. All our staff energetically and critically review Tweddle interventions with a view to knowing that the services we provide make a measurable and positive difference in the lives of our families.

To this end Tweddle has consolidated a research partnership with the Key Centre for Women's Health in Society.

The Key Centre is a research and teaching centre located in the Department of Public Health, School of Population Health of the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne. It is also a designated World Health Organisation Collaborating Centre in Women's Health.

Our two organisations share a philosophical base that values the importance of parenting and the promotion of preventative, early identification and intervention strategies to assist families build knowledge, competence and confidence in their parenting.

Such an approach assumes that early intervention will reduce the likelihood of escalation to more complex parenting and family problems.

During the year other important partnerships in the professional education and training area were developed with Swinburne University of Technology and the national not-for-profit group, Relationships Australia, which is the leading provider of professional services that support relationships.

The alliance with Relationships Australia led to the introduction of more programs to meet the needs of dads.

The records that we keep at Tweddle sometimes indicate surprising trends. In 2003:

- 30% of adults coming into our programs are male
- 700 mothers over 30 years of age came to Tweddle programs during the year. In 50% of these cases, a male partner came with them.

The changing profile of our service users demands a flexible and adaptive service model.

With the generous support of the William Angliss Charitable Fund a strong prisons program is offered. We are providing parenting programs for women at the Dame Phyllis Frost Prison (Deer Park) and at Tarrengower, the low-security prison for women at Maldon.

We are also providing a similar service for men at the Melbourne Assessment Prison and, more recently, at the Castlemaine prison.

## Case Study 02

### KAREN + BRETT

Sometimes, a very short visit to the residential unit can be long enough to bring about change in parenting services.

In June 2003, Karen came in, almost exhausted from her parenting efforts.

Karen had a nine-month-old baby, Brett, whom she was breastfeeding off to sleep virtually all the time. During the day Brett would only ever have short catnaps. Brett was permanently tired, cranky, cried a lot and was very "clingy".

At night he would never settle and would rarely be put down before 10pm or 11pm. Then there would be two or three disturbances during the night. At some point each night Brett ended up in bed with his parents.

Parents and staff agreed that the technique called "modified control comforting" would be used to teach Brett to resettle without the need for Mum or Dad's presence. At first they found this tough. But they knew a change was necessary for the sake of the household. The lack of sleep was also bad for Brett's ongoing development. They held their nerve with help and encouragement from staff. During the four-day stay Brett began having two proper sleeps per day. The family began developing a daily pattern. By the time they went home, overnight breastfeeding had stopped.

And the parting words? "We are just so delighted. We would not have believed it possible."





# president's report

## Excellence in service delivery

At every level of the organisation there is a commitment to excellence.

Vivienne Amery and I are very proud of our staff who every day have the welfare of service users as their central focus. Their reward is to see the positive changes that they make in the lives of so many parents.

This is reflected in the 99% of clients who respond to our surveys indicating that they would recommend a Tweddle program to a friend.

At both Board level and across all programs, our focus is on continuous quality improvement. This requires a collaborative effort and has resulted in accreditation by the Australian Council on Healthcare Standards.

Throughout the year, there was a wide range of professional development and staff development training programs for Tweddle people. Staff took part in corporate and personal development programs as well as presentations in areas of specialisation.

## Board appointments

The Board made two significant new appointments when in October 2002, in consultation with Governor in Council, we appointed:

- Professor Susan McDonald from LaTrobe University, Professor of Midwifery, School of Public Health Sciences,
- Dr. Anne Smith, Senior Paediatrician, Gatehouse Centre, Royal Children's Hospital.

Susan McDonald brings invaluable skills in research and research design, while Anne Smith, as a practising community paediatrician working in the Sunbury/Craigieburn area, brings a wealth of experience in child development, protective services and the management of child abuse.

We particularly want to thank the dedicated, volunteer Board whose members give their time so generously. To every issue they bring a level of intelligence, good humour and perception that, as President, I find quite inspiring.

## Executive appointments

Heather Lyon commenced as CEO in July 2002. Since her departure in March 2003 we have been ably assisted by the untiring efforts in the transition process by Interim CEO Vivienne Amery.





## Funding and financial performance

At 30 June 2003 Tweddle reported a budget deficit of \$155,000.

This deficit was largely attributable to the Board's decision to continue to fund the education program because of its value to the community and parents in particular. The program recoups some expenses through fees and charges and the development and sale of resource materials but a funding shortfall is anticipated for the program each year. A review of the program including a market analysis is underway to ensure that community needs are met and the program is sustainable.

Additional costs were also incurred through the year as a result of organisational and management changes. The budget deficit was managed carefully to minimise any impact on the service and to ensure the continued careful management of reserves. Our Treasurer, Michael Smith, provided a steady hand in the oversight of our finances and is now supported most ably by Vivienne Amery and Sadiq Mohammad. Our thanks go to Michael in particular for his energy in the role as Treasurer.

Overall unit costs increased in line with CPI increases. The most significant increase in the cost of our parenting services related to catering. In order to improve catering services for clients new arrangements have been implemented to be reviewed after a trial period. While the costs are higher for the new service, clients' experience of care is expected to improve as a result of this investment.

Throughout the year, Tweddle continued to provide very well-regarded Professional Education and Parent Education programs through our Education Network Unit.

While this is a service that gains enthusiastic response from its targeted audiences it is fully funded by Tweddle, attracting no government funding.

The training of professionals in the field and providing parenting education are critically important components of the distinctive Tweddle offering. It is unfortunate that this service operates under such tight budgetary constraint. The Board will continue our dialogue with government to endeavour to attract full funding of this core program.

We are well placed for 2004. We have a willing and highly qualified Board, a great CEO, an enthusiastic, capable executive team and excellent, dedicated staff. The strategic planning already carried out by the Board sets a clear vision for the medium and long term.

—HILARY RUSSELL, PRESIDENT

At both Board  
level and across  
all programs,  
our focus is on  
continuous  
quality  
improvement

## VALE

ALAN MANGAN 1923-2003

Alan Mangan was born at Essendon, and educated at University High and Melbourne Grammar. Alan completed his schooling during World War II and went straight from school to enlist in the Army. Six months later he transferred to the Royal Australian Navy where as a radio mechanic he attained the rank of Petty Officer. On discharge in 1946 Alan married his childhood sweetheart, Margaret, and they had two sons, David and Christopher.

Alan then went on to undertake accountancy with the Society of Accountants after which he worked with Elder Smith and Swallows Timber. Alan was then appointed to Investors Pty. Ltd. and later became Secretary of the Estate of the late William Charles Angliss. During this time Alan became involved with Tweddle. In 1977 he joined the Tweddle Association and the governing Council. He stayed as a member of the Council and later the Board of Management for 16 years.

Alan's sage advice, sound financial expertise, ability to make difficult decisions and his upright character were significant factors in strengthening Tweddle's governance and service capacity.

In 1994 the Board recognised Alan's long and honourable contribution by making him a Life Governor of Tweddle. Warm memories of Alan abound and he will be sorely missed by all who knew him.

—BETTY HASSOLD

*Betty Hassold was Tweddle CEO between 1989-2001.*



'I found it easier to settle and resettle the baby with supportive staff talking me through the situation ... rather than being isolated at home' –Andrea

peace







# quiet

Feeling

Think  
Confidence  
Suggesting

Implementing  
Comforting



# parenting services

## Meeting parenting needs

Individuals or family groups access our Parenting Services by phone, either through a referral by a health provider or through self referral.

The first step is an initial telephone consultation with our Inquiry Booking Nurse. A Tweddle nurse will work with parents and families to identify the issues, previous management and how Tweddle can best meet the client's needs.

The nurse may book the client into a Tweddle service, suggest one of Tweddle's community programs or refer the client to another health service, such as maternal child health services or the Royal Children's Hospital, which may be better equipped to meet the particular needs presented.

Nurses on rotation spend eight weeks per year in the busy bookings office. The challenge to rapidly build a relationship in a single phone conversation enhances their listening and communication skills.

Typical services that Tweddle is able to offer include:

- An evening or Saturday morning education session
- Home visiting program
- Day Stay program
- Residential program.

With a permanent staff of 28 and a small band of casual nurses, 2003 has seen the Residential Unit continue its core business of providing early parenting services to family groupings admitted for stays of up to 10 days. Tweddle serves the whole of Victoria and up to nine family groupings are in residence at any one time.

## CLIENT INFORMATION AND BOOKING SERVICE

	2001/02	2002/03
Bookings	2733	2457
Client information calls	1322	1485
Health professional/ secondary consulting calls	414	330
Average number of calls per day	36	44

During the past year we provided services to a number of families from Ethiopia and India.

It is notable that the age of the mothers we admit are increasingly in the 31–40 year age bracket. About 50% of these "older" mothers attend with their baby's father.

Geographically, about 70% of clients come from western and northern suburbs with strong participation also from regional Victoria.

As well as addressing the range of complex parenting issues, some of the main areas that the unit is geared to help with are:

- Sleep management
- Feeding and mealtime problems
- Behaviour management
- Play and development guidance
- Advice on age-appropriate routines.

On discharge, clients are linked back to their local community services. The maintenance of strong local networks and referral processes is a particularly important feature of our work. The Tweddle online Community Referral Directory is regularly used by our staff. Maternal and child health nurses, neighbourhood services, family doctors and paediatricians represent some of the many





communitybased providers to whom our staff refer families with the aim of ensuring ongoing support and reinforcement of newly acquired parenting strategies.

For each child who comes into the residential unit, the nursing team carries out a detailed developmental screening. This screening is a rigorous, standardised check of the child's developmental progress. It is a comprehensive, evidence-based developmental screening. The assessment includes checking posture, vision, hearing, speech and social development.

### Home visiting

Since April 2002 a home visiting initiative has been undertaken with very positive results.

Sometimes, when the initial phone consultation takes place, a home visit may be deemed more appropriate on the grounds of cultural diversity, language issues or the age range of children in the family.

Tweddle now has a registered nurse and a mothercraft nurse providing home visiting to two new families at a time.

Families can access the program over a five- or six-week period during which time assistance is given in relation to a range of parenting issues including feeding difficulties, settling and sleep concerns, and special challenges in managing more than one child.

Our professionals involved in home visiting often find that providing service within the family home enables them to more readily identify issues and suggest relevant practical hands-on tips and guides for parents.

Throughout the year, due to an excellent retention rate, staffing levels at the Residential Unit remained stable – enhancing its capacity for consistent service delivery.

In recognising Tweddle's responsibilities to the nursing profession, the residential unit provided placements for maternal and child health nurse students from LaTrobe University as well as early childhood students from Swinburne University of Technology.

### Research and collaborations

In collaboration with the Key Centre for Women's Health in Society, Tweddle participated in a study entitled "Building an Evidence Base for Parent Services". The study was made possible through the generous funding by the William Angliss (Vic.) Charitable Fund, to which we are enormously grateful.

The study examined the impact of early parenting programs on the psychological functioning of new mothers and the behaviour of their infants. It aims to identify whether an intervention such as that provided by Tweddle causes a reduction in self-reported maternal psychological problems and an improvement in infant sleeping and feeding behaviours.

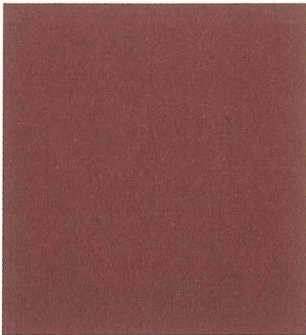
There can be help with the whole range of parenting issues including feeding difficulties, settling and sleep concerns, and special challenges in managing more than one child

### RESIDENTIAL SERVICES (ADMITTED CLIENTS)

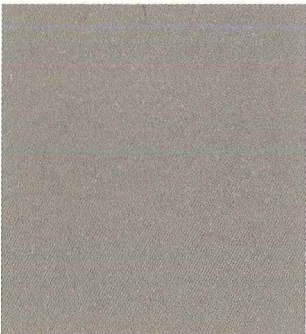
	2000/01	2001/02	2001/03
Beds available each day of operation	24 (Mon-Sat) 8 (Sun)	19 (Mon-Sat) 8 (Sun)	19 (Mon-Sat) 8 (Sun)
Clients admitted	2749	2245	2038
Families admitted	1000	823	751
Clients admitted for one day	250		64
Average stay (days)	2.6	2.7*	3.2*
Total client bed days	7317	6267	6109
Occupancy (%)	99.8	102.52	105.69



# parenting services

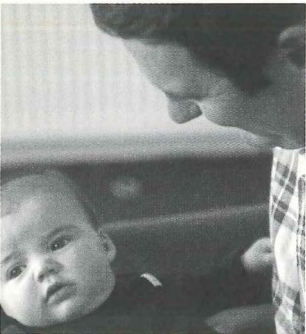


Interim findings are positive. Generally, parents indicate that they are helped and 98.5% benefit from the education received. Mothers report that 84% of their problems and 94% of their babies' problems are helped, and 95% find it helpful sharing experiences with other mothers. The project is due to be completed early in 2004.



Another important collaboration for Tweddle has been as lead agency in a consortium with four key early parenting centres – Tresillian Family Care Centres, Queen Elizabeth II Family Centre, Ngala Family Resource Centre and the Victorian Parenting Centre. Funded by the Department of Family and Community Services through the Strengthening Families program, the Parenting Skills Development Framework project (PSDF), commenced in 2001 and will be completed by October 2003.

The success of parenting interventions is determined to a large extent by the degree to which practitioners are able to engage parents in a process of understanding their own and their child's behaviours and needs as well as personal change. The aim of this project has been to develop a systematic framework that describes a way of working with parents that is genuinely collaborative and that empowers parents to fully pursue goals and achieve effective outcomes.



It is designed for use by health, education and welfare professionals in a range of settings. The Framework also offers a variety of evidence-based resources and tools that professionals can integrate into their daily clinical practice. It can also support the preparation of reports to child protection agencies or the court on parenting capacity and needs. The PSDF is being trialled at the four EPCs working with a total of 80 families. A State Reference Group comprising eminent clinical experts have assisted the development of the PSDF to ensure that it remain



strength-based and applicable across a range of health and welfare disciplines. The completed Framework and Education Package will be available on CD in late 2003. Further information will be available on our website.

Tweddle has also played an important role with three projects funded through the Commonwealth Government's National Child Nutrition Program.

## Child Nutrition in the West

The aim of this project is to improve the nutritional status of pregnant women and children 0-12 years by increasing the capacity of ethnic communities, schools, health services, pre-schools and childcare centres to enhance nutritional outcomes.

## Moonee Valley Child Nutrition Alliance

Tweddle works with a group of five local organisations. A key achievement has been to promote to children the benefits of drinking water rather than soft drinks and other sugary options.

## Breast is Best

This program promotes breastfeeding, particularly in the low socioeconomic communities of Wyndham and Hobsons Bay.



# day stay program

## What a difference a day can make

Victorians can take part in Tweddle's services across the state. The Day Stay programs, in particular, have widespread community recognition and are now integral to our service model. They are designed to provide families with additional support to enhance their experience of parenting and respond to the needs of working families.

Tweddle provides early parenting Day Stay programs in six different municipalities around the state.

**Corangamite:** In the south-west of the state, Tweddle provides a service in the town of Terang in partnership with the Terang & Mortlake Health Service. It is designed for families who are experiencing difficulties with babies up to 12 months old.

**Hobsons Bay:** In Williamstown, Tweddle provides a service in collaboration with The Williamstown Hospital. The service is available two days per week and has been operating for more than two years.

**Hume:** Tweddle provides a service in Tullamarine which is funded by Hume City Council in close collaboration with the Maternal and Child Health Service for families who are experiencing difficulties with children up to 18 months of age.

**Maribyrnong:** The service is available two weekdays and alternate Saturdays for families who are experiencing parenting difficulties with children up to three years of age.

**Melton:** Tweddle provides a one-day-per-week service in collaboration with Djerriwarrh Health Service. This service caters for families with babies up to 12 months of age.

**Wyndham:** This service is offered in Werribee and is available one day per week for families who are experiencing any sort of difficulties with babies up to twelve months of age.

## COLLABORATIVE DAY STAY PROGRAMS

	Hume	Djerriwarrh + Tweddle*	Williamstown Hospital + Tweddle**	Terang***	TOTAL
2000/2001 Individuals	330	340	467	60	1197
Families	141	134	206	26	507
2001/2002 Individuals	365	328	475	280	1448
Families	155	143	212	123	633
2002/2003 Individuals	364	320	711	352	1747
Families	154	136	316	161	767
Variance Individuals	-1	-8	+296	+72	+299
Families	-1	-7	+104	+38	+134

\* Djerriwarrh - Commenced operations in May 1999

\*\* Williamstown - Commenced operations in February 2000

\*\*\* Terang - Commenced operations in April 2001

## TWEDDLE-FUNDED DAY STAY PROGRAMS

	Admitted Clients	Non-Admitted Clients	TOTAL
	Maribyrnong	Wyndham	
2000/2001 Individuals	821	339	1160
Families	339	152	491
2001/2002 Individuals	851	323	1174
Families	356	142	498
2002/2003 Individuals	1011	178	1189
Families	419	78	497
Variance (current to prior financial year)			
Individuals	+160	-145	+15
Families	+63	-64	-1

# In 2001, the Wyndham Day Stay reduced to two families per session and the Maribyrnong Day Stay increased by two families per week.



# intensive parenting

## Empowering parents with knowledge

The Tweddle Residential Unit conducts a 10-day intensive parenting program for families referred by the Department of Human Services.

The Parenting Assessment and Skill Development Service (PASDS) is a specific program where nurses work alongside families, both individually and in group settings. The nurses form a partnership with parents and with input from them, work out a tailored management plan that best meets the individual needs of clients.

The nurses plan, discuss, demonstrate and role-model parenting strategies with families. Parents then practise newly learnt strategies with staff support and, later, independently.

Staff from the Department of Human Services Protective Services oversee each family's journey through the program.

As families leave the program, Tweddle has a mandate to provide an independent, objective assessment on a range of parenting competencies. This report identifies parenting strengths and needs, in order to ensure that each child has an opportunity to develop in a safe and nurturing environment.

Tweddle staff members have a high level of commitment to the program and to its purpose of ensuring the best for the child.

During the year staff participated in a review of the program. The review aimed to ensure that families participating in the program have every opportunity

to get involved. It is important that the program allows parents to demonstrate their strengths while also gaining knowledge and skills as appropriate. The intensive 10-day residential program continued throughout the year with high demands for service – at times the level of demand exceeded capacity. During 2002-2003, 41 families went through the program compared with 38 the previous year. Most families came from the western region with a large number also from the Shire of Loddon in the north-west of the state.

PASDS RESIDENTIAL PROGRAM (Admitted clients)			
No. of families	2000/01	2001/02	2002/03
Residential	42	37	42
Day Stay/Home-based	18	22	6*

\* Half year

AGE RANGE + GENDER OF ALL CLIENTS 2002-2003			
Age range	Female	Male	Total
0 to 1 year	667	722	1389
2 to 5 years	86	115	201
6 to 10 years	0	0	0
11 to 15 years	2	0	2
16 to 20 years	50	11	61
21 to 25 years	139	46	185
26 to 30 years	390	126	516
31 to 40 years	775	332	1107
41 to 50 years	59	41	100
51 to 60 years	15	7	22
61 years and over	8	0	8
Total	2191	1400	3591



# education network

## Continuous learning

The Education Unit puts concentrated effort into two distinct areas:

- Education for parents to improve their skills
- Continuing education for professionals working in the early parenting sector, both within Tweddle and beyond.

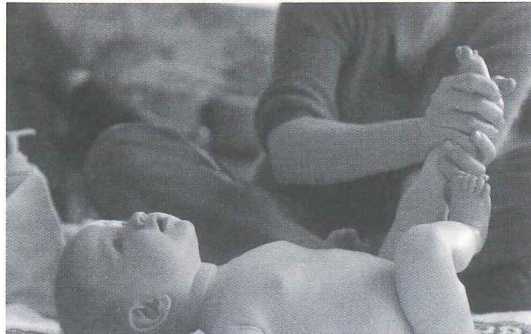
The number and range of seminars offered to parents increased during the year. More than a dozen different programs featured on the published calendar with one, Sleep Right, Sleep Tight 0–12 months, being offered as many as 17 times at three different venues.

There were also more customised sessions in response to requests, including a Koori women's playgroup and programs for parents in custody.

A number of joint projects with other organisations were undertaken. An alliance with Relationships Australia, a national not-for-profit counselling service, resulted in the design and delivery of innovative programs for first time, and for separated fathers.

We were delighted to be invited by Swinburne University to provide a module in the Graduate Certificate in Social Science (pre and postnatal family support).

Data collected from parent evaluations of seminars during 2001 and 2002 were analysed. 99% of parents evaluating the service reported that they would recommend a Tweddle seminar to another parent. Overall, the satisfaction rating of parents over a broad range of criteria averaged 90%.



## The satisfaction rating of parents over a broad range of criteria averaged 90%

The range and format of professional education sessions offered on an annual basis was fine-tuned in order to identify a niche that best matches the recognised Tweddle skill set.

The current programs for professionals include seminars on topics such as Family Diversity, Toddlers and their Development and Engaging Fathers in the Early Years of Parenting. Customised sessions during the year included Train the Trainer education for regional parenting centres and sessions for a hospital-based multidisciplinary rehabilitation team working with new mums with acquired brain injuries.

During the year all staff participated in the Tweddle-provided training program.

Tweddle is grateful to the Telstra Foundation for its generous grant to complete Sleep Right, Sleep Tight, a video companion to the book of the same name. The video will be released in late 2003.

## Case Study 03

### FIRST-TIME FATHERS

During the year, Tweddle formed a positive strategic partnership with Relationships Australia.

This alliance came about as both organisations were working towards developing an educational program, Watch After Your Kids and Family, designed for first-time fathers.

With both organisations working together, the program became a reality and was run in a number of venues, including Tweddle and throughout the western suburbs of Melbourne.

The program includes sessions on topics such as the importance of fathers, cardio-pulmonary resuscitation, baby massage and play.

The program was designed with one of the aims being that the fathers would continue to meet independently after the group finished. And, in fact this has happened.

There are now several well-established groups of dads that meet. They have regular email contact and together they have enrolled their babies in a swimming class.

The Tweddle Education Unit is now offering a targeted session for dads as part of the regular program.



# supporting

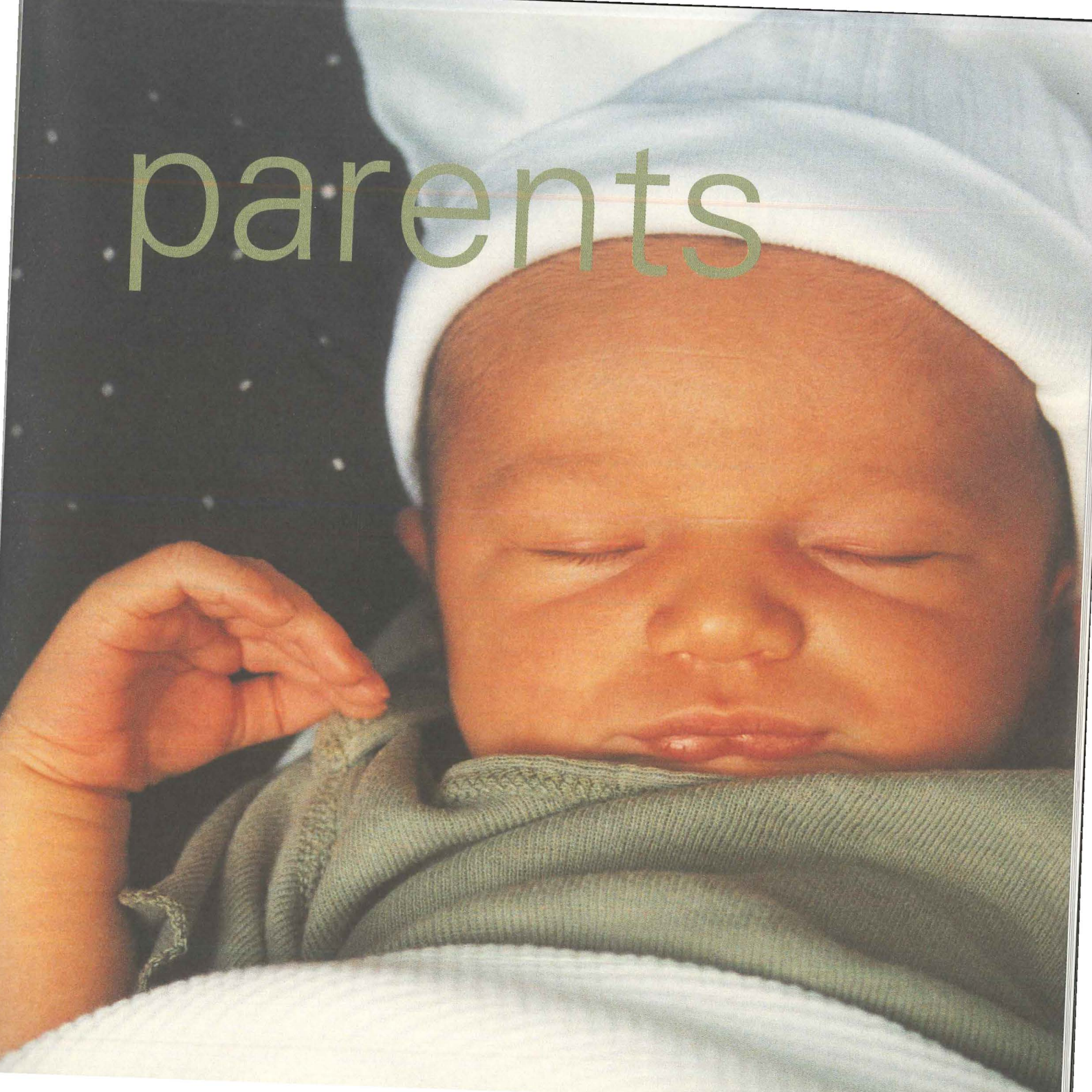
A photograph of a baby and a blurred adult face in the background. The baby is in the foreground, looking towards the camera with a curious expression. The adult face is in the background, out of focus, looking down. The overall color palette is muted, with a mix of blues, greys, and skin tones.

Informing

Delivering  
Providing  
Preventing  
Rewarding



parents





# corporate report

## Increasing internal efficiencies

Tweddle progressed a number of corporate initiatives aimed at improving accountability, operational efficiency and service accessibility development during 2002/2003.

Initiatives completed in 2003 included:

- Policy and procedure development relating to clinical areas and risk management
- A much-enhanced business planning process including agreed key result areas for each manager
- The establishment of a new executive management team now comprising the CEO, Director of Nursing Services and the Finance Manager
- Improved IT network and email systems
- Unit and program costing approach to financial management and reporting
- The new Tweddle website went live. The site has been designed to provide help and support to parents as well as improve business efficiency.

The business planning process was especially advanced during 2003 with significant involvement from all staff, reinforcing the sense of teamwork amongst all players.

On the client side, more than 2000 families per year seek to access education on different aspects of parenting. It is a highly successful program but it runs at a deficit, mainly because the charges for attendance need to be kept affordable.

During the year, to strengthen the occupational health and safety profile of the organisation, there was a focus on infection control, including all staff being offered influenza vaccinations.

Tweddle's commitment to developing the knowledge and skills of staff is evident in the in-

service program offered for staff through the year. This included recognising the organisational values of Tweddle and of team development.

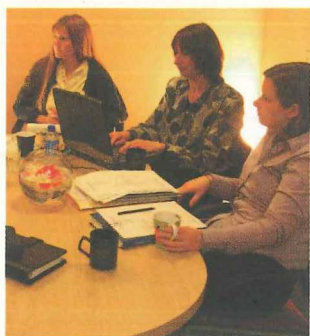
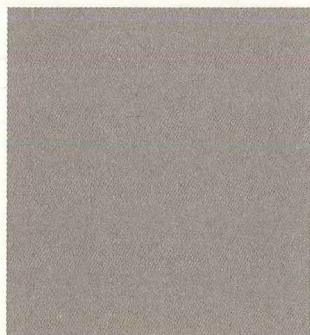
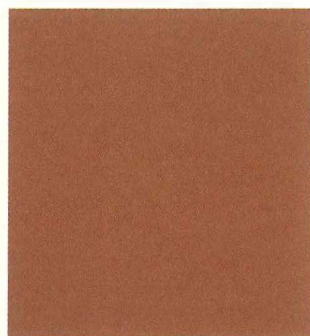
Staff retention throughout the year was good and it is notable that there were no formal grievances. For the year 2002-2003 there was a total of 41 permanent staff working at Tweddle Child and Family Health Service. During the year 10 staff members resigned. Of these, two were casual bank nursing staff and two were short-term project officers. The total workforce turnover for the year was 14.6%.

Within the nursing area there are 30 staff with a turnover of only 6.6% (two people). These figures represent a great achievement as previous workforce data shows turnover of up to 18%.

Tweddle will greatly miss the expertise and professional approach of our much-respected Parenting Services Manager, Melva Jackling, who resigned for personal reasons in June 2003. Melva takes with her the very best wishes of all her colleagues at Tweddle and countless families.

Located in Melbourne's west, Tweddle provides an important community service that is used by people from a range of cultures and groupings. Programs and services are always developed with the community in mind. Similarly, our workforce and workforce policies have been developed for the purpose of best meeting community needs.

This year we continued to develop a workforce that is reflective of the community and clients we serve. Our programs have been further enhanced to account for different and diverse approaches to parenting. Meeting diverse parenting needs in various cultural settings is complex and ongoing.





Tweddle is committed to the maintenance and promotion of a workplace that is free from discrimination and promotes diversity, cultural or otherwise. Our workplace philosophy, policies and procedures are in place to manage diversity, such as the equal employment opportunity policy.

Requirements of privacy and freedom of information legislation were also met. No FOI applications were received.

With the appointment of Sadiq Mohammad as Finance Manager in early July 2003, we have progressed a system of unit and output-based costing. This will equip us to better monitor expenditure and to more accurately assess the real cost of programs. Sadiq has already refined the financial information and reporting processes to support our new business planning approach.  
-VIVienne AMERY, CEO

This year  
we continued  
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#### TWEDDLE REACHING CLIENTS

	2000-2001	2001-2002	2002-2003
Footscray Residential Unit	2749	2245	2038
Maribyrnong Day Program	821	851	1011
Hume Day Program (Off Campus)	329	365	364
Wyndham Day Program (Off Campus)	343	322	178
Home Visiting Program	N/A	N/A	133 (visits)

Tweddle families are very grateful for the generosity shown by all donors.

#### DONATIONS (1 JULY 2002 TO 30 JUNE 2003)

Lord Mayor's Charitable Fund	Private	\$3,600	25.09.2002
Rotary Club of Footscray	Private	\$6,500	25.11.2002

Tweddle received donations totalling \$11,932.02 during the 2002-2003 period. Donations of \$1000 or more are reported.

## Eat Right

Following the successful Sleep Tight book that Tweddle published in 1998 a new book has almost been completed this year – Eat Right, Don't Fight. The book is written in an accessible warm style like its companion book and covers everything that parents need to know about feeding their young child from birth through to 4 years. It covers breastfeeding, safe methods for using formula, when and how to introduce solids, encouraging young children to broaden their diet and how to avoid diet related health conditions. The book, which is reflective of the collective Tweddle wisdom and expertise on early childhood nutrition, will be launched in October 2003 – a new product that will provide a great support to parents.

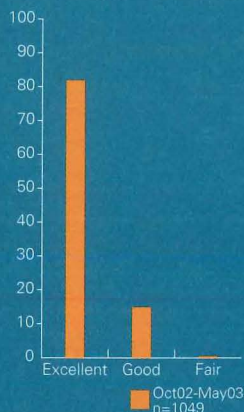
## Linking our community

- Maternal & Child Health Services
- Western Region Maternal and Child Health Forum
- Best Start
- Postnatal Depression Liaison Network
- Wyndham Community Agencies Network
- Parentline Steering Committee
- Maribyrnong Family & Children Services
- Education in the West

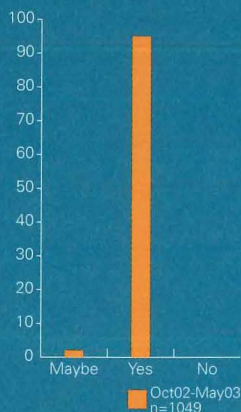


# quality improvement

## What is your overall opinion of Tweddle?



## Would you recommend Tweddle to a friend or family member?



## Getting better all the time

The commitment to quality and continuous improvement was continued and advanced through the year.

For an organisation like Tweddle accreditation is very important, and the quality programs throughout the year ensured continual accreditation by the Australian Council on Healthcare Standards (ACHS).

In addition, Tweddle successfully completed a self-assessment program in 2002 and, at year-end, was working towards the periodic survey with ACHS scheduled for December 2003.

Quality indicators and outcome measures are incorporated into and continually monitored through all programs.

In the first half of 2003, Tweddle embarked on an organisation-wide risk management program that uniquely incorporates standards AS/NZ4360:1999, HB228:2001 and ACHS EQulP.

It is recognised that the deliverable results of the risk management framework can serve as a model that is specific to early childhood parenting centres and other community healthcare settings.

There was particular attention given to occupational health and safety issues and infection control.

Workplace assessments were conducted to identify hazards and associated risks. Appropriate controls were developed and implemented.

All Tweddle staff were offered influenza vaccinations. A high percentage of staff chose in favour of the vaccine and, in line with the recommendations of the public health division of the Department of Human Services, all vaccinations were completed before the end of May.

Information and training about manual handling practices was made available to domestic staff.

For the monitoring of children's progress, practical guides, with age-appropriate assessment kits, were developed for nursing staff. These innovative guides greatly help with the physical screening as well as screening for growth and development.

The guides ensure that all children in either the Residential Unit or at Day Stay programs are monitored objectively according to established benchmarks. To accompany the guides, a computer program was also developed for staff use with clients.

The results of the Tweddle commitment to quality and continuous improvement are illustrated by the responses of service users (see graphs at left).

In the drive to greater quality performance and also as part of the push for clinical excellence, Tweddle carefully monitors child injuries within programs.

Safe work practices and a comprehensive occupational health and safety program ensure that preventable incidents are kept to near-zero levels.



# support services

## Running like clockwork

The Support Services area is involved in maintaining many of the non-clinical aspects of Tweddle Child and Family Health Service.

The Support Services Manager, administration staff, domestic staff and a team of maintenance contractors are engaged in making sure that day-to-day services run smoothly, including emergency services, all equipment and utilities.

During the 2002/2003 financial year important initiatives included:

- The repainting of the entire facility in December/January, which has considerably brightened appearances for both staff and clients.
- Implementation of a new email system combined with the purchase of staff computers to enhance internal communications.
- The installation of a new telephone and voicemail system after the previous system failed in April.
- The appointment of a new food service operator in April after client surveys indicated dissatisfaction with the previous supplier.



## Case Study 04

JASON, HANNA +  
CHARMAINE

Jason and Hanna were both about 20 with their first child, a seven-month-old baby girl, when the Department of Human Services Protective Services referred them to Tweddle.

The little girl, Charmaine, had injuries that could not be explained. Both parents were very depressed and neither of them had a job.

Hanna was emotionally unresponsive to Charmaine. The little girl always gravitated to her dad. For Tweddle staff, the mother/child relationship was a key focus. Yet, within their short stay, major change took place. Due to the guidance and intervention of the Tweddle specialist staff, positive interaction between mother and child began. And continued.

At the end of the family's 10-day stay, an independent psychologist report confirmed Tweddle's assessment report that a positive and secure relationship between mother and child had begun.

Some observers might consider such a transformation a minor miracle.



# board members

as at june 30 2003



**Adam Fry (Member)**  
Dip Social Science

**Sergeant/Frontline Manager**  
Victoria Police, Williamstown  
Board meetings held: 7 Attended: 7

**Julie Collette (Vice-President)**  
RN; MN; B App Sc; M Bus Admin

**Director of Nursing**  
Mercy Hospital for Women, Melbourne  
Board meetings held: 7 Attended: 7

**Lesley Yates (Member)**  
B Ed (Economics); Grad Dip PR

**Business Consultant**  
Strategic Partnership Development & PR  
Board meetings held: 7 Attended: 7

**Prof Susan McDonald (Member)**  
B App Sc (Nurs); PhD; RN; RM; CHN; FACMI

**Professor of Midwifery**  
LTU Clinical School of Midwifery and Neonatal  
Nursing Studies; LaTrobe University, Melbourne  
Board meetings held: 7 Attended: 6

**Hilary Russell (President)**  
BA; BSW; Dip Ed; Grad Dip Man; M Bus Admin

**CEO**  
Taralye – the oral language centre for deaf children  
Board meetings held: 7 Attended: 7

**Michael Smith (Treasurer)**  
B.Com, CA

**Group Accounting Manager**  
Adacel Technologies Ltd  
Board meetings held: 7 Attended: 6

**Robert Beswick (Member)**  
B Sc

**Company Director**  
Exeter Systems Pty Ltd  
Board meetings held: 7 Attended: 6

**Fiona Benson (Member)**  
BA (PR)

**Public Relations Consultant**  
ANZ Bank, Melbourne  
Board meetings held: 7 Attended: 6

**Dr J. Anne Smith (Member)**  
MBBS, FRACP

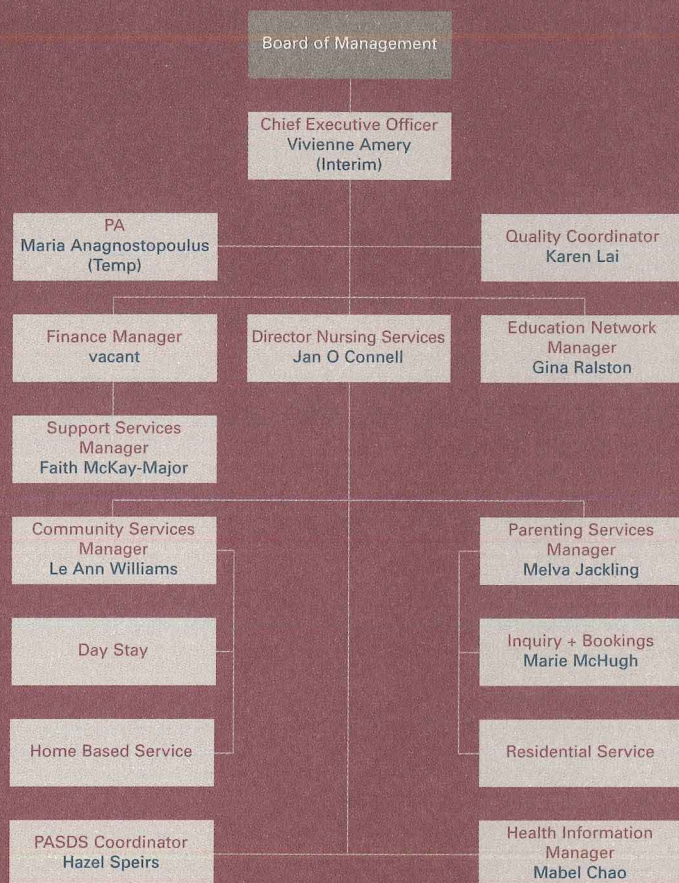
**Private practice and paediatrician**  
Dept General Paediatrics at Royal Children's  
Hospital and Gatehouse Centre for the  
Assessment and Treatment of Child Abuse,  
Royal Children's Hospital, Melbourne  
Board meetings held: 7 Attended: 6

**Ian Broadway** (resigned November 2002) Board meetings held: 3 Attended: 2    **Rod Jones** (resigned July 2002) Board meetings held: 1 Attended: 1



# organisation chart

as at june 30 2003



## Life Governors

Mr Val Adami  
 Miss May Angliss  
 Miss I Brennan  
 Mr Ian Broadway  
 Mrs Loris Charlton  
 Mrs Win Clark  
 Ms Prue Digby  
 Mrs A Downe  
 Ms Louise Glanville  
 Mr Kenneth Hambly  
 Mrs P M Harbeck  
 Ms Betty Hassold  
 Dr Nigel Hocking  
 Mr Graham Jasper  
 Mr Rod Jones  
 Mrs E Lambert  
 Mrs Avis Lock  
 Mrs Margaret Mangan  
 Mrs Marjery Maskell  
 Mrs Denise McGregor  
 Mrs Joan Mercer  
 Ms Thelma Mounsey  
 Miss Ellen O'Connell  
 Mrs Jean Price  
 Mrs Gwen Redman  
 Mrs W Stephens  
 Miss Irene Stevenson



# history comes alive

In February 2003 Tweddle played host to some very important visitors from England.

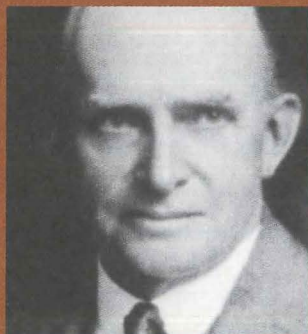
A great niece of our founding father, the late Mr Joseph Thornton Tweddle, Mrs Julia Chuhan and her husband Majeed (Maj) visited Australia and were keen to make contact with Tweddle.

It was on Sunday 23 February that a group of Tweddle people was pleased to show Mr and Mrs Chuhan our facilities. Both visitors were very interested and impressed with Tweddle's philosophy. They were delighted that Tweddle continues providing parental support. And they were proud of the growth of the organisation and the changes that have been made to meet the changing needs of families. They noted there were no similar services in England.

Mr and Mrs Chuhan brought with them some letters written by Joseph Tweddle, photos and old newspaper cuttings to give to Tweddle for our interest and history. Additionally, they presented two prints of Newcastle-on-Tyne representing the city as it was when Joseph Tweddle migrated to Australia. They insisted on donating a further \$100 so one of the prints could be framed and hung at Tweddle.

During that same day, the Tweddle representatives and Mr And Mrs Chuhan took delight in tracing aspects of Joseph Tweddle's life in Melbourne of which the family had knowledge. The group went to the site of his former home in St Georges Road, Toorak, his office that was located behind the Melbourne Town Hall and also to Queen's College at The University of Melbourne where he was also a generous benefactor.

Mr and Mrs Chuhan were a delight to meet and it is hoped that contact can now be maintained.



Mr Joseph Tweddle



# legislative changes

Relevant legislative changes during the year 2002/03 are as follows:

## ACTS

Audit (Amendment) Act 2003  
 Business Licensing Legislation (Amendment) Act 2003  
 Drugs, Poisons and Controlled Substances (Volatile Substances) Act 2003  
 Environment Protection (Resource Efficiency) Act 2002  
 Health Legislation (Research Involving Human Embryos and Prohibition of Human Cloning) Act 2003  
 Pay-roll Tax (Maternity and Adoption Leave Exemption) Act 2003  
 Public Holidays and Shop Trading Reform Acts (Amendment) Act 2003  
 Residential Tenancies (Amendment) Act 2002  
 Road Safety (Heavy Vehicle Safety) Act 2003  
 Wrongs and Limitation of Actions Acts (Insurance Reform) Act 2003  
 Wrongs and Other Acts (Public Liability Insurance Reform) Act 2002

## REGULATIONS

Building (Amendment) Regulations 2003  
 Building (Legionella Risk Management) (Amendment) Regulations 2002  
 Cancer (BreastScreen Victoria Registry) Regulations 2003  
 Drugs, Poisons and Controlled Substances (Fees) Regulations 2002  
 Drugs, Poisons and Controlled Substances (Fees) Regulations 2003  
 Electricity Safety (Bushfire Mitigation) Regulations 2003  
 Emergency Management Regulations 2003  
 Environment Protection (Vehicle Emissions) Regulations 2003  
 Fundraising Appeals (Amendment) Regulations 2002  
 Health (Consultative Council on Obstetric and Paediatric Mortality and Morbidity) Regulations 2002  
 Health (Infectious Diseases) (SARS) Regulations 2003  
 Health (Radiation Safety) (Fees) Regulations 2003  
 Health Services (Supported Residential Services) (Fees) Regulations 2003  
 Occupational Health and Safety (Asbestos) Regulations 2003  
 Pathology Services (Exempted Tests) (Amendment) Regulations 2003  
 Subordinate Legislation (Freedom of Information (Access Charges) Regulations 1993  
 – Extension of Operation) Regulations 2003  
 Subordinate Legislation (Occupational Health and Safety (Noise) Regulations 1992  
 – Extension of Operation) Regulations 2003  
 Tobacco (Amendment) Regulations 2003  
 Transport Accident (Amendment) Regulations 2003  
 Whistleblowers Protection (Amendment) Regulations 2002

## Case Study 05

CRAIG, JULIE + TINA

At one of the Day Stay programs early in 2003, two 19-year-olds, Craig and Julie attended with their seven-month-old baby, Tina, who had been born eight weeks' premature.

Both Craig and Julie seemed depressed. They were having feeding and settling issues with Tina and felt overwhelmed by the requirements of parenting.

Young Tina was being fed very frequently. As they went through the day, the parents were re-offering the baby partly used bottles. But when they heard the reasons why this practice wasn't the best way to go, they were receptive to suggestions that the staff made.

During the day it emerged that Craig had left home at 14. Both he and Julie had come from dysfunctional families.

From the staff's point of view, it was very rewarding that Craig and Julie were so receptive to advice and suggestions. They were willing to make changes. It was obvious that they had the best interests of their new family as their priority. For the sake of the baby, they wanted to be great parents. And fortunately for them, they came to the right place for help.

*Throughout this report the names of clients have been changed to protect their privacy.*



*tweddle*

**Child & Family Health Service**

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Child and Family Health Service  
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Footscray Vic 3011

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Facsimile 03 9689 1922

Email [tweddle@tweddle.org.au](mailto:tweddle@tweddle.org.au)

[www.tweddle.org.au](http://www.tweddle.org.au)



PARENTING WITH CONFIDENCE