



**Pregnancy
to Parenthood**
Early Connections Endless Impact

**Annual
Report**
2024/2025



Vision

A world where every parent and baby build emotionally connected relationships with each other, nurturing lifelong health and wellbeing.

Mission

To foster strong, nurturing early relationships between parents and their babies, transforming family trajectories and creating lasting intergenerational change.

Our Purpose

Pregnancy to Parenthood (P2P) walks alongside families, nurturing and guiding parents and their babies to grow and flourish in their connections to each other.

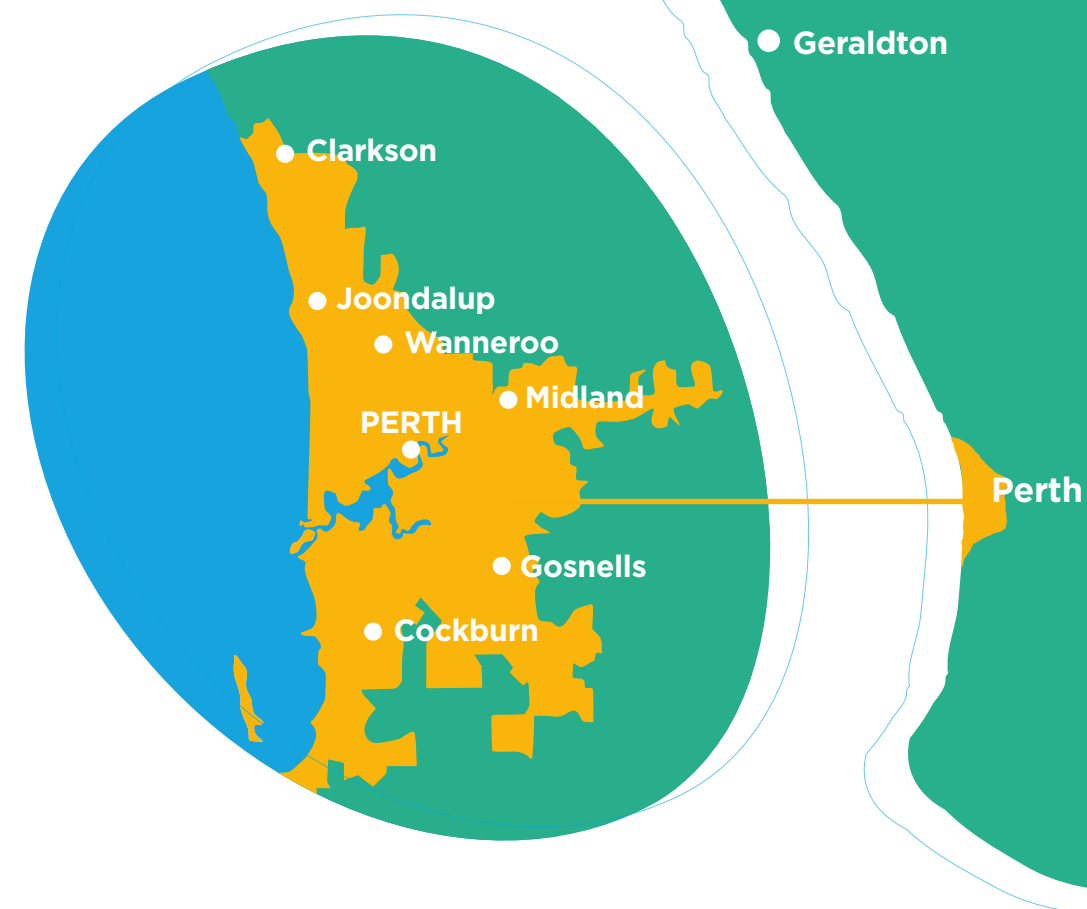
P2P began with a simple yet profound understanding that every person's earliest experiences in life shape their future health and wellbeing. By fostering nurturing relationships, P2P supports optimal development of babies up to their third birthday and equips parents with the skills to cope with the emotional demands of parenthood.

All of Pregnancy to Parenthood's services are provided at **no cost to families**.

At Pregnancy to Parenthood, we support Western Australian families through:

- Psychology interventions targeting the whole family
- Building Workforce Capacity
- Research and Advocacy

Our Locations



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Pregnancy to Parenthood acknowledges the Traditional Custodians of the land on which we work and gather, paying our respects to their Elders past, present, and emerging. We honour First Nations peoples' enduring wisdom, resilience, and contributions, who have cared for and shaped these lands for countless generations. Their knowledge, culture, and insights continue to enrich our community, inspiring us to work together towards a future of shared respect, opportunity, and understanding. We are committed to walking alongside Aboriginal and Torres Strait Islander peoples in the spirit of reconciliation, recognising their invaluable contributions to our workplace, communities, and nation.



From Our Chairperson

Dear Members, Patrons, and Friends of P2P.

It is with pleasure that we present the 2024/2025 Annual Report for Pregnancy to Parenthood (P2P).

As the Report details, the last 12 months have seen continued growth and achievement for P2P, building on the considerable progress made in the two years prior. This has resulted from the unwavering efforts of a collective of internal and external stakeholders working together in pursuit of a common goal – to help as many babies and their parents as possible, both now and for their futures.

At the core of P2P is that our service offering is provided at no cost to those in need (of whom there are many). To this end, we have been incredibly fortunate to receive significant, ongoing funding from a number of external parties. Foremost amongst these has been the Stan Perron

Charitable Foundation – an amazing organisation whose core mission and values align closely with our own. In addition, the generous support of Telethon and Lotterywest, in particular, has been highly impactful. To all our generous donors and supporters, I extend a heartfelt thank you. We simply could not do it without you, and we are grateful for your support.

Our P2P Team continue to work with dedication to our cause, and in the last year, the service has significantly expanded its impact and reach. The leadership of our Chief Executive Officer, Rochelle Matacz continues to be key to these outcomes. Under her stewardship, P2P is a workplace attracting and retaining talented

and dedicated people. The team spirit and shared sense of purpose are a delight to observe and are exhibited on a daily basis.

Along with Rochelle, I would also like to thank my fellow P2P Board Members for their efforts throughout the year. Their collective insight, experience and commitment to an organisation which is still only three years post-incorporation is highly valued and appreciated.

During the year, we were pleased to welcome Dr Rebecca Anglin as an addition to our Board. Rebecca, a consultant psychiatrist and recently appointed Dean of the National School of Medicine at the University of Notre Dame Australia, transitioned into her

Board role seamlessly and made an immediate impact.

We will continue to ensure P2P is structured and resourced to maximise our Team's focus on service delivery, and remain committed to long-term collaborations with partners, including government, to best meet the ongoing need.

Thank you to all involved for your efforts and contributions – they are truly appreciated. We look forward with a keen sense of anticipation to the year ahead.

Mark McDonnell
Chairperson
Pregnancy to Parenthood



From Our CEO

P2P is entering a new chapter, becoming a central part of WA's system of support for babies, parents, and families. This financial year, we have advanced our work across our three pillars – clinical services, research and advocacy, and workforce training and development – while also strengthening the foundations of our organisation for the future.

Our team has continued to deliver high-quality, multi-generational

programs for families facing mental health challenges, trauma, and early adversity. Our clinical staff are undertaking rigorous, internationally recognised training equipping them with specialised skills rarely available elsewhere. Their ability to work directly with the parent-infant dyad is what makes P2P unique – breaking cycles of trauma, adversity, and disadvantage, and creating lasting change for families. A highlight this year was joining with partner agencies to launch WA's first federally funded Kids Hub. Within this national initiative, P2P is the only provider delivering dedicated perinatal and infant mental health (PIMH) services. This ensures that, even as demand for older children's mental health services continues to grow, the needs of the youngest and most vulnerable babies and their parents remain a priority and are not left behind.

We have strengthened our ability to measure and communicate

impact. We have also invested in building the systems allowing us to operate more efficiently and sustainably. These tools give us an immediate view of how we are tracking, improve transparency across the organisation.

Our work was shared nationally and internationally, including presentations at Pakistan's inaugural Infant Mental Health Conference. These opportunities highlight P2P's role in shaping the future of PIMH, both here in WA, nationally, and abroad. This year, we also extended PIMH training to more practitioners in Geraldton. Our growing presence in regional communities reflects our commitment to building a skilled and confident workforce across the state, ensuring families everywhere can access timely and effective support.

Behind the scenes, we have worked to build the sustainability needed to carry our mission forward,

including the launch of our new website, ensuring our vision and message reach a broader audience. Although outside our reporting period for this Annual Report of significance in August 2025, P2P secured long-term funding from the Stan Perron Charitable Foundation, a transformational commitment that will enable us to double the number of families we serve, strengthen our foundations, and create a platform for future government partnerships. We are also deeply grateful for the vital support of Lotterywest and Telethon, whose contributions have been instrumental in expanding our reach and capacity to respond to the needs of the most vulnerable families.

The achievements of this year are the result of the extraordinary commitment of the P2P community. I acknowledge the leadership of our Chair, Mark McDonnell, and our Board members Francine Snadden, Trudi Chesterton, Rebecca Anglin,

and Kellie Properjohn, whose strategic guidance has been pivotal. I am grateful to Karl Matacz for his financial expertise, which has strengthened our growth and sustainability, and to Carin McCashin and Shannon Byrne, whose leadership ensures P2P never loses sight of why we do this work.

As we look to the future, I remain guided by the truth that 'there can be no keener revelation of a society's soul than the way in which it treats its children' – and with the enduring support of our funders and partners, P2P is determined to ensure every baby and parent is met with the care, dignity, and support they deserve.

Rochelle Matacz
Executive Director
Pregnancy to Parenthood



Professor Rebecca Anglin



Trudi Chesterton



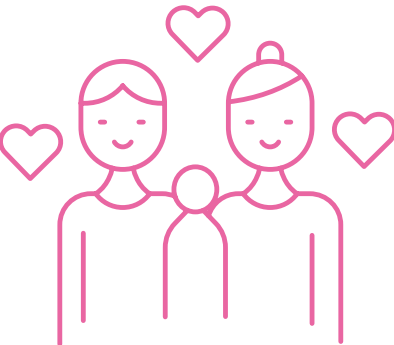
Kellie Properjohn



Francine Snadden

Our Impact

Supporting Families



271

Families Directly Supported

761 family members (siblings/relatives)



67%

Improved Warmth

between parent and child



3,221

Sessions Provided

268 sessions/month avg.

Geraldton 37

North Metro 102

South Metro 32

Perth

ABC Home Visiting Program
100 Families

9

Online

Number of Families Supported by Location

Research & Advocacy

Published Research



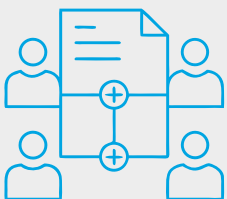
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8



Presentations/Conferences

Advocacy Collaborations



4



Building Capacity

8

Postgraduate Clinical Placements

31

Workforce Professionals Trained in PIMH



Our Clients

31

Average Age

CULTURAL BACKGROUND

18.2%

Overseas Born

4%

Aboriginal/Torres Strait Islander

10%

LOTE spoken at home

GENDER

92%

Female

5%

Male

2%

Other

0.4%

N/D



Client Relationship

- Mum & 1 Baby 71%
- Mum & 2 Babies 18.6%
- Mum & 3 Babies 2.6%
- Dad & 1 Baby 3.5%
- Dad & 2 Babies 1.7%
- Other & 1 Baby 2.6%

Our People

Our Board

Mark McDonnell	Chairperson
Professor Rebecca Anglin	
Trudi Chesterton	
Rochelle Matacz	
Kellie Properjohn	
Francine Snadden	

Our Executive Team

Rochelle Matacz	Chief Executive Officer
Dr Shannon Byrne	Director of Clinical Services
Vesna Newman-Morris, PhD	Director of Research
Carin McCashin	Director of Operations

Our Clinical Team

Dr Shannon Byrne	Director of Clinical Services
Christian Gill	PIMH Supervisor
Karen Griffin	PIMH Supervisor, ABC Program Manager
Jasmine Kieft	PIMH Supervisor
Brooke Maddestra	PIMH Supervisor
Jessica Stewart	PIMH Supervisor
Angharad Titlestad	PIMH Supervisor
Elizabeth Bills	PIMH Practitioner
Natanya Bradley	PIMH Practitioner
Jessica Jones	PIMH Practitioner
Louise Miles	PIMH Practitioner, ABC Home Visitor
Paige Munro-Cernat	PIMH Practitioner
Siobhan Roberts	PIMH Practitioner
Bridget Robson	PIMH Practitioner
Alice Stieger	PIMH Practitioner
Rebecca McKernan	ABC Home Visitor
Krystina Myhre	ABC Home Visitor, Occupational Therapist
Seyran Ranjbar	ABC Home Visitor
Annette Trimble	ABC Home Visitor
Rodney Cumberbatch	Family Engagement Officer
Courtney Higgins	Family Engagement Officer, Administration Coordinator
Sharon Houwen	Intake Officer – Geraldton
Miriam Krouzecky	Senior Intake Officer

Staff Satisfaction Survey Results



100%
of respondents are
highly involved
and enthusiastic
about P2P



75%
are extremely
satisfied
at P2P



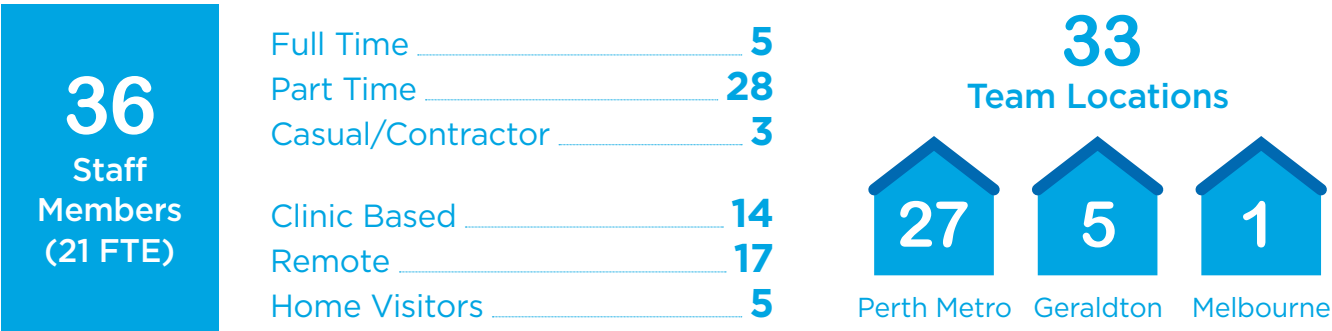
94%
strongly agree
P2P cares
about them
as a person

Our Operations Team

Gerri Clay	Strategic Projects Officer
Olive Lee	Executive Assistant
Karl Matacz	Financial Consultant
Carin McCashin	Director of Operations
Jodie Naismith	Communications & Marketing Coordinator
Kelly Pengelly	Administrative Coordinator

Our Research Team

Emily Byrne	Research Assistant
Dr Vesna Newman-Morris PhD	Director of Research
Dr Kaoru Nosaka, MBA, PhD	PIMH Data Analyst
Jenna Thornton	Qualitative Research Coordinator



A Life Changing Journey

For Geraldton Mum, Jorjah, connecting with Pregnancy to Parenthood offered her a safe space to be herself without judgement, and in her words, “felt like a healing hug for my head every visit.”



Her journey began with a recommendation from her private psychologist, who flagged that P2P was launching services in the Geraldton area. “She mentioned I fit the criteria, and it could really benefit my daughter and I,” Jorjah recalls. “Money is tighter these days, and I was struggling to justify forking out money for my mental health over our other living needs as a family.”

So, like many parents, Jorjah put it off. That was until things reached breaking point.

“I was in such a hard place, I struggled to see the light at the end of the tunnel. To not have to worry about psychologist fees but still get the support I needed was a saving grace.”

Connecting the Dots

From the first appointment, Jorjah says the experience was nothing short of transformative.

“It was completely positive and welcoming from start to finish. I found a place to let go and have the most professionally kind and knowledgeable support. It was so relieving.”

Free from judgement, and the worry of paying for psychology sessions, or pressure to “have it all together” Jorjah found her confidence, and in turn, her daughter gained a mum who was more attuned, emotionally present and resilient.

Jorjah says P2P offered more than just counselling, opening doors to deep self-discovery and meaningful change.

“I learned so many new things about myself and the reasons why I may have felt or behaved in certain ways. My P2P psychologist helped me connect the dots within myself, and it gave me the awareness and confidence to conquer challenges and barriers that were preventing me from being my best self and mother.”

The Ripple Effects of Real Support

Months down the track, the benefits are still unfolding.

Jorjah is no longer at the mercy of intrusive thoughts or self-doubt. She’s interrupting old patterns before they derail her, reaching out when needed, and building stronger bonds with her family.

“No one is ever perfect,” Jorjah shares candidly, “but I’m not criticising myself so harshly anymore... I have more



confidence in myself and the confidence to ask for help when I feel I need it.”

“I feel I can handle stress so much better. I’ve removed unnecessary societal expectations and focused more on what’s really important in life.”

More Than a Service – A Lifeline

When asked how P2P has helped her, Jorjah doesn’t hesitate:

“To have this opportunity felt like I won a prize in life. Especially knowing how much it’s impacted my daughter and I to this day.”

“Our children feel what we feel,” Jorjah explains. “And it’s during their most crucial years of early development that parents may be struggling the most. What we do now impacts our children for years to come.”

With rising pressures on families from skyrocketing costs of living to stretched social supports, Jorjah believes services like P2P are not just helpful, they are essential.

“P2P helps families develop skills and healthier ways of thinking that, in return, benefit our children. Our children are the future, and as parents, we shape their thinking for this future.”

Her Message to Other Parents: “You Will Thank Yourself”

To any parent, especially mothers, who are hesitant to ask for help, Jorjah’s advice is clear: “You have nothing to lose and a lot to potentially gain. The more you put in, the more you get out. Do it not just for you, but for your child too. You will thank yourself.”



Our Programs

Recognising family is a child’s first experience of relationships which shape how they see and engage with the world, our Programs work alongside parents to empower them with the skills and confidence to connect, nurture and thrive with their babies.

Pregnancy to Parenthood’s Model of Care is pioneering the delivery of effective and evidenced-based interventions for Western Australian families. Working across clinical and home settings, our multi-generational approach supports parents, babies and their developing relationships.

The evidence-based, best practice early intervention programs provided by P2P are:

Ranking of Mental Health Conditions Supported in FY25

- 1

Perinatal Depression
- 2

Postpartum Adjustment Disorder
- 3

Perinatal Anxiety
- Other: ADHD, Bipolar, PTSD, Borderline Personality Disorder, Eating Disorders, Panic Attacks, Obsessive-Compulsive Disorder

P2P Foundational Program

Developed locally and based on the MI-AIMH (Michigan Association for Infant Mental Health) model, focused on building healthy relationships between parents and their babies and providing support to parents experiencing emotional difficulties.

2132 Sessions Provided

163 Families Supported*

ABC Attachment Biobehavioural Catchup

A 10-session behaviour-based parent coaching program undertaken as a Home Visiting Program focused on building parents’ capacity to provide responsive care to their babies and very young children through parent feedback on nurturance, leading with delight and positive connections.

659 Sessions Provided

100 Families Supported*

CPP Child Parent Psychotherapy

Child Parent Psychotherapy is a long-term intervention specifically targeting families who have experienced early trauma and adversity. CPP helps families work through trauma and adversity to understand how it impacts them and strategies to move forward.

187 Sessions Provided

21 Families Supported*

PREPP Practical Resources for Effective & Responsive Postpartum Parenting

PREPP is a short-term intervention for families commencing in pregnancy and carrying through to the newborn phase. PREPP supports a mother’s mental health and helps parents understand the important behaviours needed to ensure they can provide nurturing, loving relationships for their babies.

Commencing FY26

*Families can participate in multiple Programs



Our Key Activities

Our Focus Areas

Clinical Services

Workforce Development and Training

Research, Evaluation and Impact

Organisational Capacity Building

Our People

Strategic Development and Funding

2024

July

- Attendance at Biennial Reflective Supervision/ Consultation Symposium July 2024, in Montclair, New Jersey
- Geraldton NAIDOC Week celebration with local families
- Presentation to Fiona Stanley Hospital Mother and Baby Unit and Mirrabooka Community Mental Health Team on ABC Program

August

- Investment Dialogue WA (IDWA) collaboration
- Lecture presentation at Edith Cowan University Postgraduate Clinical Psychology Masters students
- Co-Design Advisory Group meeting

October

- Presented at AAIMH WA Seminar 'Embarking on the Journey: Child-Parent Psychotherapy (CPP) for Families Affected by Early Trauma'
- P2P exhibition at Telethon Weekend Family Festival
- Employee Assistance Program Established

September

- Member of Advisory Panel for the revision of Bright Tomorrows parenting app
- State finalist, Telstra Small Business Awards - Accelerating Women Category
- Geraldton IMH Workforce Development Project Phase One Training

November

- Three presentations at AAIMH National Conference
- Published internationally peer-reviewed article on the outcomes of our Pregnancy to Parenthood Foundational Model in the Infant Mental Health Journal
- Co-Design Meeting

December

- P2P Vulnerability Report released

January

- P2P featured as case study within Ramsay Foundation Fellowship research.
- Phase Two of Empowering the Geraldton Perinatal and Infant Mental Health Workforce commences.
- Inaugural staff survey completed

April

- Baby Matters Conference, Pakistan 'P2P: An Emerging Model for Perinatal and Infant Mental Health Services in Western Australia.'

February

- Facilitation of PIMH Training at King Edward Memorial Hospital, attended by 20 clinicians
- P2P clinicians commenced first training block of CPP in Melbourne
- Head to Health Kids Hub officially opened in Midland
- Cockburn Integrated Health Hub Clinic opened
- Whole Team Conference

May

- P2P refreshed website launched
- P2P Thank You Event
- Release of inaugural Impact Report

June

- Attendance at Men's Mental Health Week event hosted by Derbarl Yerrigan
- Infant Mental Health Awareness Week celebrated
- National Early Years Policy Summit participation

2025

A Medium for Difficult Conversations



Elizabeth Bills, PIMH Practitioner, P2P Clinical Placement Graduate

The road to P2P and a career in parent and infant mental health (PIMH) was winding for PIMH Practitioner, Elizabeth Bills. Originally commencing studies in Anthropology, Elizabeth moved into Visual Arts, expressing her inner world through the mediums of sculpture and performance.

"During my Visual Arts studies, I worked in several galleries and loved speaking with all the kids who would visit. Art was a wonderful medium to explore

difficult conversations with children and adults alike. Art allows opportunities to understand self, which is such a pivotal concept within psychology," Elizabeth shares.

These experiences influenced Elizabeth during her twenties and shaped her future trajectories. "I decided to undertake postgraduate studies in Psychology. The masters degree involves three clinical placements, of which P2P was one. I was overjoyed to receive the P2P

placement as I knew what an amazing opportunity it would provide."

Commencing her clinical placement at P2P in 2024, Elizabeth spent nine months working directly with babies and their parents, supervised by one of P2P's PIMH Supervisors.

"There definitely was a huge learning curve initially – PIMH is a really specialised way of working – but the placement was magical, I loved it. I was able to manage a case load, seeing seven clients across two days per week, with my PIMH Supervisor providing reflective supervision to inform my clinical skills."

Reflecting on her clinical placement at P2P, Elizabeth believes the foundational knowledge and specialised skills provided ensure you are job-ready for roles in PIMH. "You are not a bystander in your P2P placement. It is a really robust program that provides you with a specialised skill set by the end of it."

Graduating in Clinical Psychology in 2025, Elizabeth has relished the opportunity to continue supporting babies and their families at P2P as part of the Clinical Team.

"The Model of Care at P2P is set up to do good things

for families and is rewarding for PIMH practitioners. For families, many of the barriers to access mental health care are removed within P2P's services, including no financial burden for sessions and long term care available up to a baby's third birthday."

"As Practitioners, we are provided a nurturing environment through reflective supervision for continual professional and personal growth. This environment allows us to truly connect and support our clients, creating lots of rewarding moments and the opportunity to have intergenerational impact."

Our Training

Across Australia there is an urgent and increasing need for dedicated parent and infant mental health services. There is also a significant shortage of skilled parent and infant mental health practitioners in Australia, and a lack of specialist training. This gap leaves our most vulnerable families without crucial support.

Pregnancy to Parenthood is addressing these critical national health issues by cultivating the next generation of parent and infant mental health practitioners and upskilling current medical and allied health professionals working with babies and families.

Clinical Placement Program

Trainees have the opportunity to observe experienced clinicians provide specialised assessment and intervention and gradually work independently with families under close supervision from Pregnancy to Parenthood's Supervisors and practitioners. Supervisors are AHPRA Board Approved.

Over the duration of their placement, trainees have the opportunity to develop competencies in accordance with The AAIMHI WA Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (2015) and AHPRA requirements.

8 students on clinical placement



4 finished placement



4 on placement

P2P Workforce Training

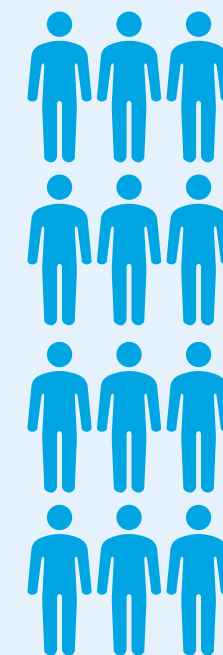
Across 2024/25, Pregnancy to Parenthood provided specialised parent and infant mental health training to interdisciplinary health, community services and medical professionals in Western Australia's Mid-West, as part of our Geraldton Workforce Development Program. The Program has been implemented in two phases.

The Program has currently provided 31 interdisciplinary frontline practitioners with specialised knowledge, resources, infrastructure and a network of like-minded professionals to reflect, learn and grow from.



The Program has continued into the new financial year.

Geraldton Workforce Development Program



Phase One: 12



Phase Two: 19

Our Research

P2P is committed to leading and shaping the field of Perinatal and Infant Mental Health (PIMH). P2P advocates for PIMH at industry and government levels for systemic change to support all families to thrive. Across 2024/25 we have undertaken:

Collaborative Research

Research partnership with Bank West Curtin Economic Centre

Presented at Australian Association for Infant Mental Health, WA PIMH Symposium

Presented at Pakistan Infant Mental Health Conference

Participation in National Early Years Policy Summit

Published Research

Matacz, R., Byrne, S., Nosaka, S., Priddis, L., Finlay-Jones, A., Lim, I., Bloxsome, D., Newman-Morris, V. (2024) Evaluation of the Pregnancy to Parenthood program: A dyadic intervention for mothers with perinatal mental disorders and their infants. *Infant Mental Health Journal*. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.22143>

Published chapter in *Handbook of World Association for Infant Mental Health*

The Geraldton Perinatal and Infant Mental Health (PIMH) Workforce Development Final Report – October 2024. (manuscript in preparation for publication)

Pregnancy to Parenthood Vulnerability Report 2024

Our Research Roadmap

Research is at the heart of our service. For an organisation of our size, Pregnancy to Parenthood invests considerable resources into our integrated research team to ensure all our clinical services are evidence-based and effective for the families we support.

In 2024/25, Pregnancy to Parenthood developed our Research Implementation Roadmap outlining our multi-component strategic approach to research.

Multi-Component Approach

Examination of P2P Program Effectiveness

in terms of parental mental health and the parent-infant relationship outcomes.

Economic evaluation of P2P services

in terms of cost-benefit analysis regarding KPI program delivery, staff, training, scope, scalability and sustainability.

Development and assessment of P2P Training and Workforce Development

Examination of P2P services' effectiveness by intervention type who needs what when?

Scoping and systematic reviews

to identify best practice and evidence-based models to inform most up-to-date and best practice in assessment and treatment outcomes in PIMH.

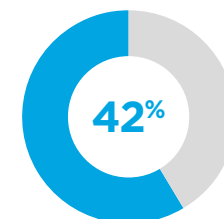
Longitudinal Evaluation of P2P

in terms of infant-child developmental outcomes.

Our Research, Our Families

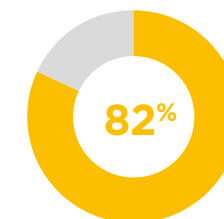
Through our embedded research capabilities, Pregnancy to Parenthood has immediate access to data specific to our organisation. This provides us with a deep understanding of the families we support, the effectiveness of the programs we offer, and the way we deliver our clinical services. Some key insights from our research include:

P2P Family Profile Snapshot



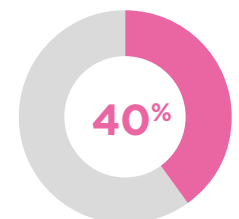
High risk for adverse health outcomes compared to 16% of general population

(Madigan et al., 2023)



P2P clients diagnosed with mental health challenges

currently or in the past



Do not feel a bond to their culture indicating a high risk of social loneliness



1 in 4 Families

Families who have little or no money for daily needs



1 in 3 Families

Families are at the bottom of the 40% most disadvantaged*

*Based on the Index of Relative Socioeconomic Disadvantage (IRSD), which focuses on relative socioeconomic disadvantage.

Community Profile

Dr Sabrina Pozzi, Mental Health GP



Why is specialised parent and infant mental health support important?

As a GP, I see firsthand how the perinatal period is a time of immense change and vulnerability, both emotionally and physically. Specialised services like P2P are essential because they address not only maternal mental health but also the crucial early relationship between parent and infant. This early intervention has a profound impact on infant development, attachment, and long-term mental health outcomes.

Why do you refer your patients to P2P?

P2P offers an inclusive, evidence-based, and family-focused service that addresses the mental health needs of parents and supports the developmental needs of infants. Their model allows weekly therapy until the child turns three, which means there is no pressure to “recover”

in ten sessions, unlike standard mental health care plans. This time-unrestricted model, with continuity of care and no financial burden, is a major factor in enabling long-term recovery.

P2P works with diverse families, including Aboriginal families (with the support of an Aboriginal Liaison Officer), LGBTQIA+ and gender-diverse parents, migrant and refugee communities, FIFO families, and those impacted by birth trauma or pregnancy loss. Their culturally responsive, trauma-informed approach makes them a critical safety net for vulnerable populations who might otherwise fall through the cracks.

They also provide targeted support through initiatives like the ABC home-visiting program, which helps reinforce positive parenting, especially for mothers with limited family support or complex trauma histories.

What changes do you notice in patients supported by P2P?

Caregivers become more attuned to their child’s cues and needs, and the family dynamic stabilises. P2P’s gentle, non-judgmental approach fosters trust and encourages even the most reluctant or traumatised parents to engage.

Patients referred to P2P consistently report feeling safer, better understood, and more confident in their parenting. I’ve seen dramatic improvements in emotional wellbeing and resilience. Importantly, the

infants of these mothers often show improved social engagement, better emotional regulation, and catch up on developmental milestones that may have initially been delayed due to parental mental health issues. Caregivers become more attuned to their child’s cues and needs, and the family dynamic stabilises. P2P’s gentle, non-judgmental approach fosters trust and encourages even the most reluctant or traumatised parents to engage.

Why do you believe P2P’s Model of Care is so effective?

P2P’s model is a benchmark in holistic, early intervention perinatal mental health care. It not only prevents escalation of mental health crises but also reduces the need for acute care. It fills a major gap in the current system by providing care that is free, culturally competent, accessible, and not limited by time or rigid session counts. This flexibility ensures healing happens at a pace that suits the individual family.

The program has a presence across metro and regional WA, including Geraldton, and its commitment to equity of access is commendable. The inclusion of supervised registrars also supports workforce development in a much-needed area of care.

P2P is truly making an intergenerational impact – helping break cycles of trauma, improving child development outcomes, and supporting healthier, more connected families.

Partners & Supporters

Grants & Funding



Donors

ANDREW MATA CZ
BRIAN PURDY
P.D.L.E INC

Partners

Anne Fury
Brian Purdy
City of Wanneroo
City West
Lotteries House
Clayton Utz
Communicare
Justice Connect
Flinders Financial
Geraldton Sporting
Aboriginal Corporation
Good to Give
Cockburn
Integrated Health
Joondalup Health Campus
Karl Matacz
Kids Hub
Kilfinan Australia
King Edward
Memorial Hospital
Matrix Tax and Business Advisors
Ngala
Rangeway Child and Parent Centre
Reach Life
Signifi Media
St Anthony’s
Primary School
St John of God Hospital Geraldton
Vaddis
Women’s Health & Wellbeing Services

Philanthropic Support



Partners in bold provided significant in-kind support to P2P in 2024/25.

Financials

During the financial year to June 2025, income and expenses grew by 125%. A doubling of grant funding allowed Pregnancy to Parenthood (P2P) to expand delivery of services.

Employee costs increased as the P2P Team grew to provide services to more families, including increased resources for corporate and administrative functions to ensure strong management and governance is in place.

Investments in systems and equipment were made to ensure P2P operates efficiently and effectively. P2P also worked to ensure funds were secured in interest-bearing deposits, and our balance sheet reflects a strong cash position in the next financial year, ensuring P2P will meet its commitment to our generous funders to provide our program to an increased number of families.



P2P Income by Source

- 77% Philanthropic Grants
- 16% Government Grants
- 5% Donations Received
- 1% Service Fees
- 1% Interest



P2P Income by Source

- 88% Philanthropic Grants
- 7% Donations Received
- 3% Service Fees
- 2% Interest



P2P Expenditure by Type

- 78% Employee Benefits Expenses
- 13% Operating Expenses
- 6% Other Employee Costs
- 2% Depreciation & Amortisation Expenses
- 1% Administration Expenses



P2P Expenditure by Type

- 74% Employee Benefits Expenses
- 17% Operating Expenses
- 6% Other Employee Costs
- 2% Administration Expenses
- 1% Depreciation & Amortisation Expenses



Pregnancy to Parenthood

Early Connections Endless Impact

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