# Creating Collective Impact

## Impact Report 2025

Pregnancy to Parenthood
Parent & Infant Mental Health Service
Early Connections Endless Impact

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# The P2P Story

The early years of childhood – from pregnancy through to the age of three – lay the foundation for lifelong health, wellbeing, and development. This foundation is created through nurturing, responsive relationships between babies and their parents.

Pregnancy to Parenthood (P2P) provides best-practice, evidence-based mental health interventions that meet families where they are, strengthening emotional wellbeing and empowering parents with the skills and confidence to thrive with their babies.

By offering world-leading specialised mental health care for parents and babies – from pregnancy through to three – at no out-of-pocket cost to families, and integrating clinical training for students and practitioners, P2P addresses a critical gap in parent and infant mental health (PIMH) care across Western Australia.

As leading specialists in the PIMH sector, P2P knows early mental health interventions in the critical first three years of childhood change the trajectory for families and break intergenerational cycles of vulnerability. Demand for P2P's transformational service continues to grow, with increasing waitlists highlighting the urgent need for greater investment in early intervention. With the support of strategic funding partnerships, P2P can expand its reach, support more families earlier, and deliver lasting social, health and economic impact where it is needed most.

# 2025 – At a Glance

Selected indicators show the impact of P2P's early intervention support on families and the value created.

## Who We Serve

**82.7%**

**of clients reported a mental health diagnosis**[1] (n=220)*

**40%**

**of clients reported experiencing four or more adverse childhood experiences,** highlighting high levels of vulnerability and trauma[2] (n=142)*

**298**

**families supported**

**97% female**

**31.5 average age**
**30% overseas**

## Proven Results for Families

**52%**

**of mothers** in the clinical group achieved **full recovery from clinical depression**

**96%**

**of families** with lower-level distress were **prevented from clinical deterioration**

Learn *How we measure impact* on page 22 for further methodology.

*Percentages are calculated using the number of families who answered each question (shown as n=). Not all families answered every question. Data is reported in aggregate to protect privacy.

# 42%

**of mothers** in the clinical group achieved **full recovery from clinical anxiety**

# Most significant

**clinical gains were observed** among families experiencing "double disadvantage" – the intersection of mental health distress and socio-economic hardship

## Economic Value

# $1 » $2.40

**Every $1 invested** generates **$2.40 to $2.90 in economic benefit** for mothers alone

# $26,570

**Total economic benefit per client**, total lifetime value created per family

# $24,905

**increased tax revenue to government** and reduced government assistance per recovered client over 10 years

# $1,630

**in annual GP visit savings** and $1,166 in hospital visit savings for each mother who recovers from depression

1. Pregnancy to Parenthood Client Assessment Questionnaire; 2. Adverse Childhood Experience Questionnaire for Adults.
Unless otherwise stated, statistics in this section are from Bankwest Curtin Economics Centre, *Pregnancy to Parenthood: Changing Life Trajectories for Vulnerable Families – A socio-economic evaluation of outcomes, prevention and system value in Western Australia*, Duncan, A., Kiely, D., Matacz, R., Newman-Morris, V., Nosaka, K., Salazar, S., and Vu, L., Bankwest Curtin Economics Centre, February 2026.

# From Our Chairperson

As this Impact Report shows, 2025 was a year of continued growth and achievement for Pregnancy to Parenthood (P2P), building on the significant progress of recent years. It has been shaped by the unwavering efforts of our team and partners, working together to improve outcomes for Western Australian babies and their parents – now and for the future.

From a Board perspective, our impact is delivered through stewardship. In 2025, we focused on ensuring P2P remains accountable, sustainable and effective as the service continues to expand. This includes clear oversight of organisational risk, careful attention to workforce capability, and supporting the Executive Team to scale responsibly while protecting the integrity of care and access for families experiencing the greatest barriers.

A significant milestone in 2025 was the multi-year investment from the

# From Our CEO

This year has been one of continued growth for P2P, but more importantly, a year of deepening our impact. I feel incredibly proud of what has been achieved and grateful to the many people who make P2P's work possible.

I would like to thank our Board for their ongoing guidance, stewardship and belief in P2P's purpose. Their challenge and support help us reach more families, extend our impact and grow sustainably, while staying focused on the quality of care we provide today.

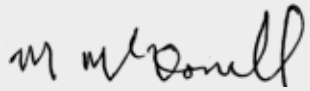
At the centre of P2P's impact is our team. It is our practitioners who ensure families receive thoughtful, skilled and relational care. Their work requires clinical expertise, patience and deep respect for the complexity of early parenthood, trauma, mental health and the parent-infant relationship.

I also acknowledge our Executive Leadership Team and Operations Team. Much of their work happens behind the scenes but is critical to the quality and sustainability of P2P.

Stan Perron Charitable Foundation. This commitment strengthens P2P's capacity to continue providing specialist care at no out-of-pocket cost to families and to extend impact across Western Australia over coming years.

2025 also marked a major step forward in evidence and accountability. Independent evaluation by the Bankwest Curtin Economics Centre (BCEC) provides strong validation that P2P's model is delivering meaningful improvements for families and demonstrates a compelling case for long-term investment and responsible scaling.

I thank our funders, donors and collaborators for enabling this work, and acknowledge the dedication and professionalism of the P2P Team, led by our Chief Executive Officer, Rochelle Matacz. I also thank my fellow Board Members for their insight, experience and commitment to P2P and the families they serve.



Mark McDonnell
Chairperson
Pregnancy to Parenthood

Our impact has also continued to extend beyond direct clinical service delivery. Through our workforce development work, P2P is helping to build parent and infant mental health capability across Western Australia. In Geraldton, we have contributed to a growing community of practice, supporting local confidence, stronger referral pathways and a shared understanding of how to respond earlier and more effectively to the needs of parents and babies.

I am also deeply grateful to our funders, partners and supporters. Your investment enables families to access specialist care at no out-of-pocket cost and allows P2P to keep building the workforce, systems and evidence needed to support families now and into the future.

Becoming a parent and welcoming a baby into the world can be filled with love, vulnerability, fear and transformation. The families we work with remind us every day why support during this period matters so profoundly. When parents and babies receive the right support early, the impact can change the trajectory of a family's life.

Rochelle Matacz
Chief Executive Officer
Pregnancy to Parenthood

# Why Early Intervention Matters

## Parents and babies are struggling

**1 in 5**

**mothers and 1 in 10 fathers** experience perinatal depression or anxiety

**15%**

**of babies show emerging mental health concerns** yet less than 1% of children (0-4) receive a mental health service

## The cost of inaction

**Increased risk**

**of developing depression, anxiety, and ADHD** in children of parents with perinatal depression or anxiety has an estimated lifetime cost of **$5.2 billion,** arising from impacts to wellbeing, productivity, and health care use

Unless otherwise stated, statistics in this section are from PwC Consulting, *The Cost of Perinatal Depression and Anxiety in Australia,* November 2019.

## Western Australian children are developmentally vulnerable

# 24.1%

**of WA children are developmentally vulnerable** on one or more areas of their development and 12.6% are developmentally vulnerable in two or more areas, which are both above the national average[3]

## The mental health workforce is under strain

# 32%

**workforce shortage** and only 24 endorsed Parent and Infant Mental Health professionals in WA[4]

3. AEDC National Report 2024
4. Department of Health and Aged Care, *National Mental Health Workforce Strategy, 2022-2032.*

# Who We Reached in 2025

In 2025, P2P supported families experiencing multiple intersecting pressures including mental health challenges, economic hardship and social isolation risks. These pressures reinforce the importance of providing specialist early intervention that is accessible, culturally safe and system connected.

**298**
**families supported**

In 2025, 298 families engaged with P2P

## Equity & Access

Understanding the structural barriers vulnerable families experience.

**37%**

of clients live in the **most disadvantaged areas** (IRSD deciles 1-5)[5] (n=320)*

## Client Complexity Upon Entry

Understanding complexity informs tailored intervention pathways.

**40%**

of clients reported experiencing **four or more Adverse Childhood Experiences** (ACEs), highlighting high levels of vulnerability and trauma[6] (n=142)*

**82.7%**

of clients reported **a mental health diagnosis**[7] (n=220)*

5. Based on national Index of Relative Socioeconomic Disadvantage (IRSD); 6. Adverse Childhood Experience Questionnaire for Adults; 7. Pregnancy to Parenthood Client Assessment Questionnaire.

## P2P Family Profile

**31.5**
Average Age

**10%**
Solo Parent (n=210)*

GENDER

**97%**
Female

**3%**
Male

**0.3%**
N/D

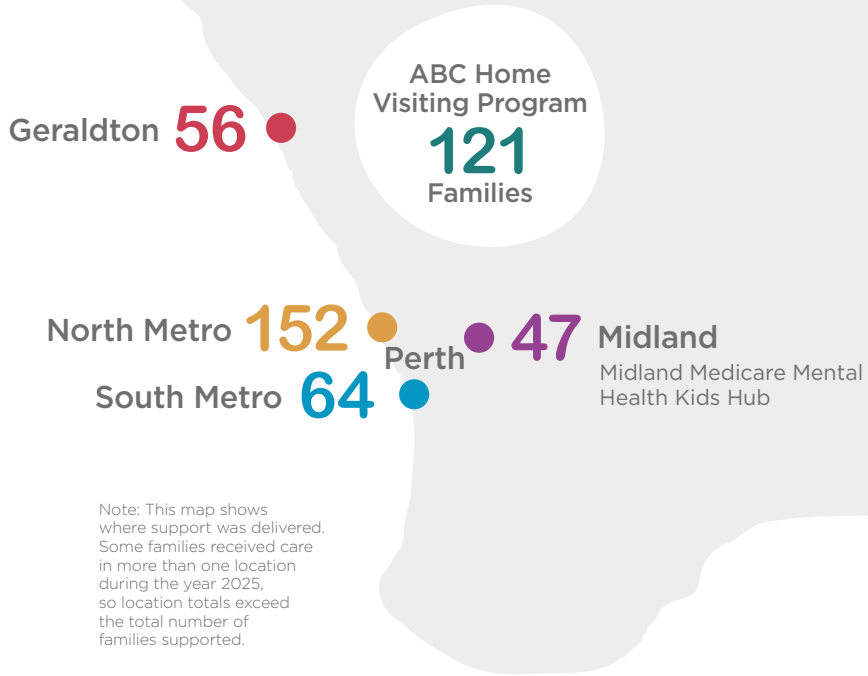
CULTURAL BACKGROUND

**30%**
Overseas Born (n=212)*

**4%**
Aboriginal/Torres Strait Islander (n=195)*

**18%**
LOTE spoken at home (n=191)*

## Where families received support across Western Australia:

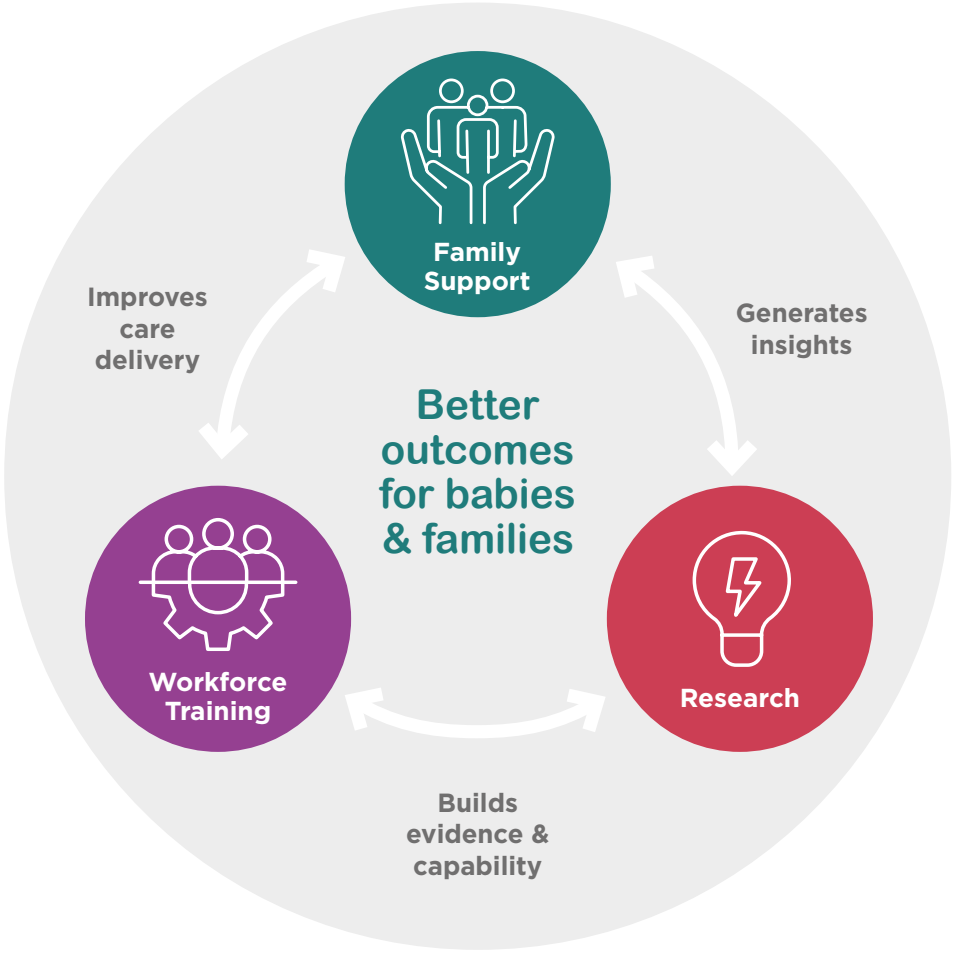



Note: This map shows where support was delivered. Some families received care in more than one location during the year 2025, so location totals exceed the total number of families supported.

*Percentages are calculated using the number of families who answered each question (shown as n=). Not all families answered every question. Data is reported in aggregate to protect privacy.

# Our Model of Care

Our care works in a loop. P2P delivers specialised mental health support for families, we measure what changes and use that evidence to improve our programs and train more health professionals and students, so more families can access the support they deserve.




**P2P's Integrated Model of Care** delivers an innovative and scalable solution to supporting parents and babies

Source: Bankwest Curtin Economics Centre, Pregnancy to Parenthood: Changing Life Trajectories for Vulnerable Families – A socio-economic evaluation of outcomes, prevention and system value in Western Australia, 2026.

## Impact of our Model for babies and families:

- 41% of clients completed interventions in 6-9 months with on average 23 sessions highlighting how our **Model supports sustained, clinically appropriate care for meaningful improvements in daily functioning and wellbeing**.
- **Variable session duration dependent on client need is associated with strong improvements in symptoms for many families** with around 90% of clients in the clinical group who attended more than 20 sessions over 10 months or longer reporting improvements in depression and anxiety.
- **Mental health support provided at no-cost to vulnerable families and clinics located in geographical areas of need is reducing access inequalities and reaching families who have the greatest needs** and the most to gain. With strongest improvements throughout 2025 often seen among those living in more disadvantaged areas.

All clinical programs are delivered by accredited practitioners, with ongoing supervision and training in internationally recognised parent and infant mental health programs, embedding global best practice in everything we do.

P2P's intervention pathways provide structured, international evidence-based interventions to match families to care based on need and timing. In 2025, these pathways were:

## P2P Foundational Program

**271** Families Supported

A unique WA-based program, continually informed by international best practice, the Program supports parents experiencing significant mental health challenges and builds health relationships between parents and their babies.

## PREPP

### Practical Resources for Effective & Responsive Postpartum Parenting

**9** Staff Trained in PREPP*

Short-term intervention from pregnancy through to newborn phase. Supports a mother's mental health and helps parents understand the behaviours needed to provide nurturing, loving relationships for their babies.

## CPP

### Child Parent Psychotherapy

**23** Families Supported

A long-term intervention specifically targeting families who have experienced early trauma and adversity.

## ABC

### Attachment & Biobehavioral Catch-up Home Visiting Program

**121** Families Supported

A 10-session behaviour-based parent coaching program focused on building parents' capacity to provide responsive care to their babies.

*P2P staff completed PREPP training in 2025 to begin delivering the full intervention to families from 2026.

# Outcomes For Families

## Mental Health & Wellbeing

**69%**

of families reported **reduced symptoms of depression**

**Most significant**

**clinical gains were observed** among families experiencing "double disadvantage" – the intersection of mental health distress and socio-economic hardship

**73%**

of families reported **lower anxiety**

**1 in 4**

parents showed a **reliable increase in Mental-State Certainty**, a key predictor of child emotional regulation

### What helped

When families remain engaged for as long as clinically appropriate, they experienced greater improvements in depression and anxiety.

This matters because effective early intervention can:

- reduce escalation
- strengthen caregiving capacity
- support safer foundations for babies
- build secure, nurturing relationships between babies and their caregivers

Source: Bankwest Curtin Economics Centre, *Pregnancy to Parenthood: Changing Life Trajectories for Vulnerable Families – A socio-economic evaluation of outcomes, prevention and system value in Western Australia, 2026.*

## Connection & Confidence

# Nearly half

of clients reported increased **parenting confidence**

# 60%

experienced **warmer relationships and less overwhelm** with their baby

This matters because babies depend on consistent, emotionally attuned caregiving to build secure foundations for lifelong wellbeing.

# Client Case Study

*"My name is Jana, I am a mother of two living in the Midwest of WA, who was lucky enough to have access to P2P in Geraldton.*

*During my first pregnancy, I experienced a lot of anxiety, which was overwhelming. As someone who wanted children, I couldn't understand why I was so anxious to have a child, this then turned in to debilitating postpartum depression which was hard to overcome. I realised I sacrificed a lot of special moments being in survival mode and not enjoying the parts of motherhood that I can never get back.*

*Overwhelmed with life, a toddler and another one on the way, I experienced anxiety, depression and suicidal ideation which had massive impacts on my life, and those around me.*

*Being referred to P2P, changed my life. I was able to get the help I needed without feeling confined by the overwhelming cost of living, and a restricted time frame. I was supported in ways that aligned with me and my family without feelings of judgement, and Iwas able to access the service for a timeframe that was suitable to me.*

*I felt seen, heard and most importantly I felt human. I was given tools and ways of thinking that aligned with me and learned how to check in with these earlier, so they don't become catastrophic like they had previously.*

*Without P2P, I am genuinely unsure what type of mother I would be. I definitely wouldn't have been able to enjoy the good times, and work through the hard times like I am now able to do.*

*I will forever shout from the rooftops that P2P saved my life. Now, I am more than just a mother, I am a working, thriving contributor in my community."*

# System Impact

## Geraldton Workforce Development Project (Phase Two)

Geraldton is a high-need region. Rising child developmental vulnerability intersects with mental health workforce constraints, fragmented services and practical barriers that can delay timely support for parents and babies.

Rather than treating these as service gaps alone, P2P invested in strengthening local capability and infrastructure to enable sustainable system change in the Midwest.

Building on Phase One in 2024, and with the continued support of the Stan Perron Charitable Foundation, Phase Two was delivered throughout 2025.

### Phase Two evaluation findings indicate early positive system effects, including:

- Stronger collaboration and clearer referral pathways.
- Increased confidence to recognise and respond to parent–infant mental health needs.
- Improved access to timely, appropriate support across local services.
- Importantly, the evaluation also provides a roadmap for what's needed next: sustaining the Geraldton hub and extending a stepped **hub-and-spoke** approach so capability is embedded where families already are, across health, community and early childhood settings.

## Geraldton Workforce Development Project (Phase Two) System Impacts

**Training focused on PIMH Continuum of Care** (promotion, prevention and intervention).

**Multidisciplinary professionals trained in Parent and Infant Mental Health** (PIMH) across health, early childhood and community sectors.

**Strengthened referral pathways** and cross-sector collaboration.

At least **57 additional professionals indirectly reached** through knowledge sharing from training participants.

Consistent **increases in PIMH knowledge and confidence reported** across all training workshops.

Emerging **community of practice supporting system-level change in PIMH**.

100%

of training feedback respondents **would recommend the training to others**.

**Read more about P2P's system impact in Geraldton.**

# Workforce & System Building

P2P strengthens the parent and infant mental health (PIMH) workforce so more parents and babies can receive safe, evidence-based support, especially in regions where specialist services are limited. We do this by building capability across the broader system, growing specialist delivery capacity within P2P, and developing the future workforce through PIMH placements, training and supervision.

## In 2025, P2P enhanced the capability of the mental health sector and our organisation's own service delivery expertise.

**Ninety-two multidisciplinary, frontline practitioners** trained in PIMH across metropolitan Perth and regional Western Australia enhancing the sectors capability to competently identify parent and infant mental health challenges and effectively support them.

**92**
**multidisciplinary, frontline practitioners**


**doctors**


**midwives**


**nurses**


**social workers**


**psychologists**


**children protection**

## At P2P:

**Our Clinical Placement Program** continues to strengthen the PIMH workforce pipeline with an additional 8 clinical psychology students trained

**2 new clinics** opened, taking the total to nine across metropolitan Perth and Geraldton

**91% of staff** undertook professional development, including reflective supervision, CPP, PREPP, ABC, Co-Design, Conferences, Infant Mental Health education

# Building Capability, Healing Relationships

## Child-Parent Psychotherapy in Practice

Child-Parent Psychotherapy (CPP) is a long-term, evidence-based intervention designed to support very young children and their caregivers who have experienced early trauma and adversity.

CPP practitioners support parents to make sense of their experiences, understand how trauma and stress may be impacting their caregiving and their child's development, and build more positive and connected ways of relating to one another.

At P2P, CPP is part of our Model of Care. Currently, P2P has five trained CPP practitioners, with a further eight practitioners in training. This training is supported by Berry Street ensuring alignment with best practice and fidelity in delivery.

By embedding CPP within our service, we are strengthening our capacity to work with families experiencing complex trauma and adversity, supporting deep healing for both parent and child, while strengthening safe, nurturing relationships that underpin lifelong outcomes for children.

### CPP Benefits:

- Internationally endorsed in its effectiveness in improving child mental health outcomes
- Strengthens parent-child attachment relationships
- Reduces the impact of trauma across generations

### Key Features:

- 18-month program
- Structured practitioner training
- Reflective supervision
- Ongoing consultation to ensure quality and fidelity in delivery

# Financial Stewardship

In 2025, P2P continued to work closely with funding partners to deliver measurable impact for families and strengthen the foundations required for safe, sustainable service delivery.

Grant funding expended during the year supported direct clinical programs, alongside the operating infrastructure, workforce development and specialist support required to maintain quality, governance and clinical safety in a high-demand environment.

Alongside our financial reporting, the *BCEC, Pregnancy to Parenthood: Changing Life Trajectories for Vulnerable Families, Socio-economic Evaluation Report 2026* assessed whether P2P represents good value for money by linking observed mental health improvements to longer-term health, wellbeing and economic outcomes using national benchmarking methods.

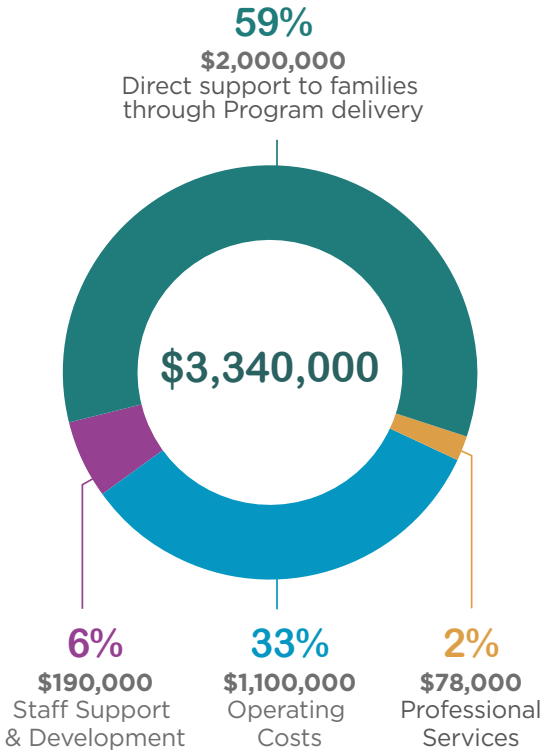
The Evaluation Report states “in an era of constrained budgets and competing priorities, P2P demonstrates exceptional value for public investment.” The Report found:


**Estimated cost** per client:
**~$11,200**

**Estimated benefit** per client:
**~$27,000 to $32,000**

*A benefit–cost ratio above 1 indicates that estimated benefits outweigh program costs.

## Total Grant Funds Used in 2025




**Direct program:** clinical delivery and program materials supporting families.

**Operating costs:** premises, IT, insurance, essential operations enabling service delivery.

**Staff support & development:** supervision, training, workforce wellbeing and capability.

**Professional services:** finance, legal, HR and specialist advice supporting compliance and governance.

This balanced investment enables us to deliver intensive, relationship-based interventions while maintaining the quality, consistency, and workforce capability essential to achieving lasting outcomes for families.

# Our Partners

## Major Partners








## Major Donors

ANDREW MATACZ BRIAN PURDY PDLE INC.

## 2025 Partners

Anne Fury

**City of Wanneroo**

City West Lotteries House

**Clayton Utz**

Cockburn Integrated Health

Communicare

Dr Sabrina Pozzi, Mental Health GP

Justice Connect

Flinders Financial

Geraldton Sporting Aboriginal Corporation

Good to Give

**Joondalup Health Campus**

Karl Matacz

Kilfinan Australia

King Edward Memorial Hospital

Mark Digital Print Solutions

Matrix Tax & Business Advisors

Midland Medicare Mental Health Kids Hub

Ngala

**Rangeway Child & Parent Centre**

Signifi Media

St Anthony's Primary School

**St John of God Hospital Geraldton**

Vaddis

Women's Health & Wellbeing Services

*Partners in bold provided significant in-kind support to P2P in 2025

# P2P Honour Roll since 2022

**We acknowledge with gratitude the individuals and organisations whose financial and in-kind support since 2022 has helped create lasting impact for Western Australian babies and families through P2P.**

1 Anonymous
4Monks Foundation
City of Wanneroo
City West Lotteries House
Clayton Utz
Cockburn Integrated Health
Communicare
Flinders Financial
Anne Fury
Geraldton Sporting Aboriginal Corporation
Good to Give
Joondalup Health Campus
Justice Connect
Kilfinan Australia
King Edward Memorial Hospital
Lifespan Psychology Centre
Mark Digital Print Solutions
Andrew Matacz
Karl Matacz
Matrix Tax and Business Advisors
Midland Medicare Mental Health Kids Hub
Amber Nelson
Ngala
PDLE Inc.
Dr Sabrina Pozzi, Mental Health GP
Brian Purdy
Rangeway Child and Parent Centre
Signifi Media
St Anthony's Primary School
St John of God Hospital Geraldton
Tilenni, Stiles & Associates
Vaddis
Women's Health & Wellbeing Services

# Appendices

## Appendix 1: How We Measure Impact

P2P measures impact using a mix of service activity data, client-reported outcomes, and external evaluation.

No single measure tells the whole story. For this reason, we track outcomes across mental health, parenting confidence and the parent–infant relationship, alongside access and engagement patterns. This approach supports continuous improvement, strengthens accountability to funders and partners, and helps ensure communications remain evidence-led and culturally safe.

Results should be interpreted in context; outcomes vary by family, and evaluation findings depend on the data available.

### BCEC Report

The BCEC socio-economic evaluation combines clinical outcome data collected by P2P (2015–2025) with nationally representative longitudinal evidence to understand what changes for families and the likely longer-term value created. Outcomes are reported in aggregate to protect privacy.

### Family Profile Data

**How to read these figures:** Percentages are calculated using the number of families who answered each question (shown as *n*=). Not all families answered every question. Data is reported in aggregate to protect privacy.

Family profile indicators are drawn from information collected during P2P intake and assessment processes. Figures are presented as **n/N (%)**, where **N** is the number of clients who responded to that question. Not all clients answer every question; response numbers vary across indicators. Percentages are rounded to one decimal place. Data is reported in aggregate to protect confidentiality and does not identify individuals or families. Indicators such as mental health history, financial pressure and ACE screening are used to inform safe, tailored care and should not be interpreted as determinative of outcomes for any individual family.

### Evidence of relational health and connection

Warmer/Less intrusive parent-child relationship outcomes (Mothers Object Relations Scales [MORS]) and higher parenting reflective functioning outcomes (Parental Reflective Functioning Questionnaire [PRFQ]).

## Appendix 2: Definitions

**ACE score 4+:** a screening threshold associated with increased population-level risk; used as one of several indicators to inform support needs.

**Connection:** is not a "parenting trait". It is shaped by stress, mental health, safety, practical pressures and the support available around a family.

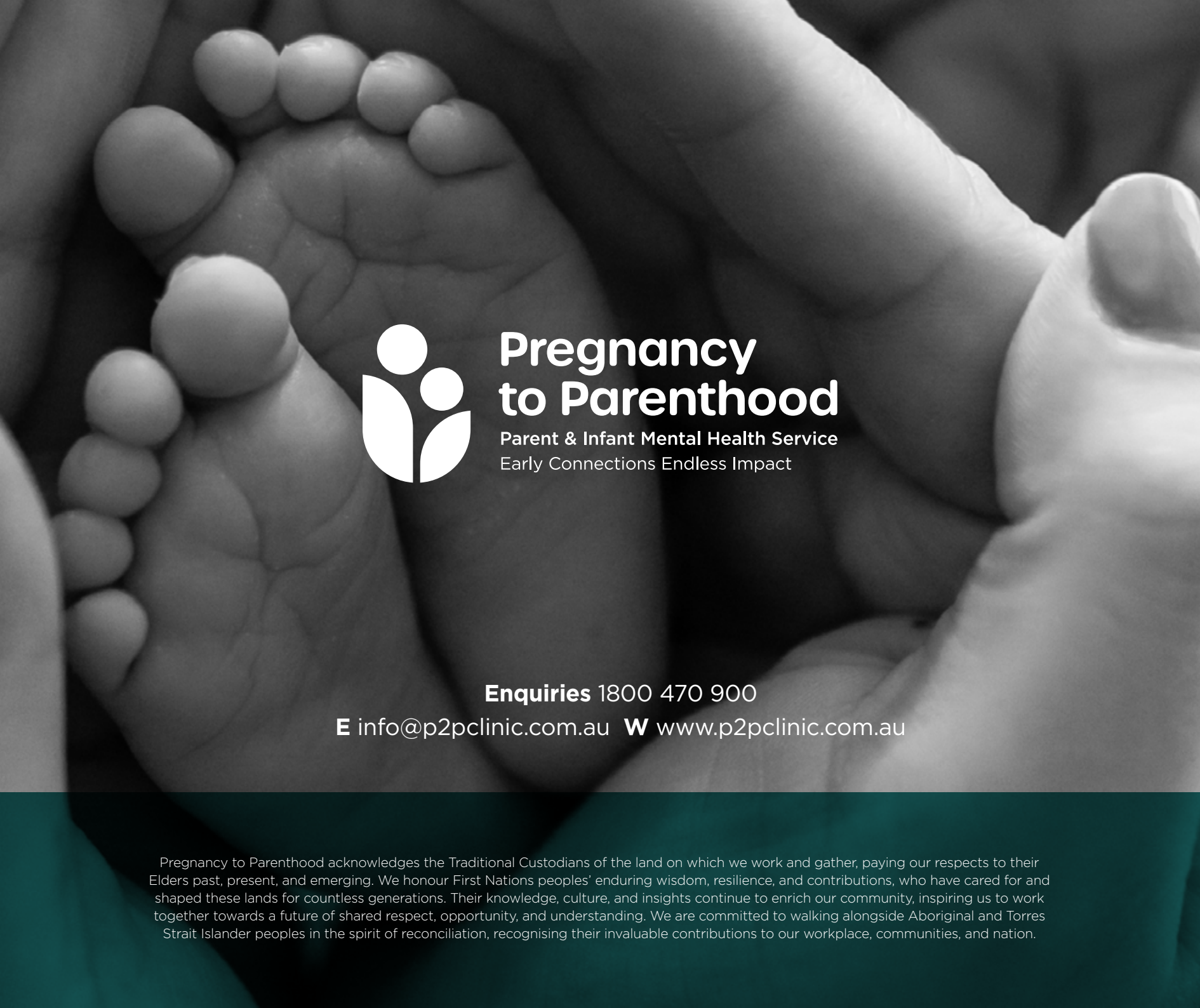
**Daily needs:** client-reported financial pressure (as defined in the dataset).

Government benefits: client-reported receipt of government allowances among respondents.

**IRSD:** Index of Relative Socioeconomic Disadvantage (area-level measure).

**PIMH:** Parent and Infant Mental Health, also known as Perinatal Infant Mental Health refers to the period from pregnancy through to a baby's third birthday.

**Parents:** refers to all primary caregivers.



# Pregnancy to Parenthood

**Parent & Infant Mental Health Service**

Early Connections Endless Impact

**Enquiries** 1800 470 900

**E** info@p2pclinic.com.au **W** www.p2pclinic.com.au

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.