



WITNESS STATEMENT OF DR TIM MOORE

I, Dr Tim Moore, Senior Research Fellow, of 50 Flemington Rd, Parkville VIC 3052, say as follows:

- I make this statement in my personal capacity, but with the authorisation of the Murdoch Children's Research Institute, Melbourne.
- I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND

Qualifications and experience

- I am a Senior Research Fellow at the Centre for Community Child Health (**CCCH**) at the Murdoch Children's Research Institute, The Royal Children's Hospital, Melbourne.
- 4 My qualifications are as follows:
 - (a) Doctor of Philosophy in Self-Concepts and Self-Esteem in School-Age Children;
 - (b) Diploma of Education; and
 - (c) Bachelor of Arts.
- I trained as a teacher and psychologist at the University of Melbourne, subsequently completing my Doctoral studies at the University of Surrey on self-esteem and self-concept in children. I have worked as an educational and developmental psychologist for over 30 years, both in Australia and England. I have worked in a variety of settings, including school and early childhood intervention centres.

Current role and responsibilities

I presently lead a team synthesising research into child development, family functioning and service systems at the Murdoch Children's Research Institute's CCCH. I am also a Senior Fellow in the Department of Paediatrics, at the University of Melbourne.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

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- I am a lead author in a number of CCCH's policy briefs, and have had a leading role in the development of policy and training in early childhood intervention services nationally.
- Attached to this statement and marked 'TM-1' is a copy of my curriculum vitae and publications list.

FIRST 1,000 DAYS

- 9 The first 1,000 days commences at conception, and goes until the end of the child's second year.
- Experiences in this period of early childhood have a lasting impact on an individual's health and wellbeing throughout their life course (World Health Organisation's Commission on Social Determinants of Health, 2008; Black et al., 2017; Moore, Arefadib, Deery & West, 2017). Many challenges in adult life, including major public health concerns such as obesity, heart disease and mental health problems are now understood to be linked to the processes and experiences of the first 1,000 days.
- The evidence strongly suggests that the first 1,000 days is the time of a child's greatest developmental plasticity (i.e. the ability of the child to adapt to and be shaped by its environment, both physical and social) (Barker, 2012; Gluckman et al 2010). These early adaptations form the bedrock of later development: experiences and exposures during this period have a disproportionate influence on later mental and physical health.
- This early developmental plasticity is a double-edged sword. The foetus and infant are more susceptible to both positive and negative experiences: if the conditions are positive, children will thrive, but exposure to adverse experiences early in life can be damaging for long-term development (Shonkoff et al., 2012; Teicher & Samson, 2016). Such experiences become "biologically embedded", that is, they change our physiological, immune, metabolic, psychological and behavioural response patterns to the environment, and can have lifelong effects on physical and mental health.
- A range of experiences in the first 1,000 days are capable of impacting on a child's emotional, physical and mental health during this time. Right from conception, a foetus uses cues provided by the mother's physical and mental state to predict the world it will be born into. It starts to adapt its bodily systems to meet the anticipated demands of that world. For example, a foetus exposed to stress or violence while in utero may be born hypervigilant because of elevated stress hormones in the mother which cross the placenta. Children with this profile can be more difficult to settle and manage. They often have difficulties later in life that are associated with their early experiences. Reversing early adverse adaptations becomes progressively more difficult after the first 1,000 days.

- Similarly, nutrition during the first 1,000 days plays a critical role in development. A malnourished mother might give birth to a child with recalibrated or mis-calibrated metabolic processes. The consequences of that faulty calibration can be lifelong, including consequences such as diabetes, cardiovascular disease, or other chronic illnesses. Both mental and physical health are shaped by nutrition and by the health of our microbiome. The mind, gut and bacteria in our gut are in constant communication with each other, and shape our mental states (eg. depression) and physical states (eg. our immune and metabolic systems). The microbiome develops early and reaches an adult state by three years of age.
- In addition, it is in the first 1,000 days that children learn to develop healthy attachment relationships (World Health Organisation, UNICEF and World Bank Group, 2018; National Academies of Sciences, Engineering, and Medicine, 2019). The effects of early relationship experiences are long-lasting. Our earliest memories are preconscious, having been laid down before language and consciousness emerge. These memories relate to how safe we feel with others and what pleasure we gain from interactions with them. Because they are preconscious, we can never access these memories directly, yet they shape our responses to others for the rest of our lives. They lay down templates which we use as a reference whenever we interact with others (Cozolino, 2014).
- The development of mental health does not occur separately from other aspects of development. The mind, brain and body are not separate entities but function as an integrated system, each shaping and being shaped by each other. Mental health is intimately linked with physical health, social health, and biological health, and is shaped by our nutritional, social and physical environments and the lifestyles these allow.

Factors affecting development during the first 1,000 days

- 17 The key (but not sole) factors that can affect development during the first 1,000 days including the following risk factors:
 - (a) The **social and physical conditions** in which families conceive and raise young children. Parental and family functioning and capacity are environmentally shaped (Marmot & Wilkinson, 2006; Moore et al., 2015, 2017; Ratcliff, 2017; WHO Commission on the Social Determinants of Health, 2008). These social conditions, known as the social determinants of health, ultimately work through biological pathways to shape our health and wellbeing. Key social determinants include: socioeconomic status, educational attainment, employment status, poverty, geographic location, disability, gender, and social connectivity. Social determinants play a critical role in the first 1,000 days as it is during this period that a number of vital skills and abilities develop (Moore et al, 2015, 2017; Dyson et al., 2010; Hertzman & Boyce, 2010).

- (b) Socioeconomic status. From the point of conception, the higher a person's socioeconomic position, the healthier they (and their children) are likely to be throughout their life (Adler & Stewart, 2010, Marmot & Wilkinson, 2006). For children, it is the circumstances in which they live, learn and develop that drive differential health and developmental outcomes: the more disadvantaged their circumstances, the poorer their health and developmental outcomes (Goldfeld et al., 2018). Sustained poverty, especially in the first 1,000 days, can have wide-ranging and long-lasting adverse effects upon health and wellbeing (Berry, 2017; Goldfeld et al., 2018; Kruk, 2013; Luby, 2017; Piccolo & Noble, 2018).
- (c) *Transgenerational risk factors.* Risks can be transmitted from one generation to the next in two ways. The first form of transmission is genetic: when parents have been exposed to adverse experiences (including nutrition, environmental toxins, nurturing behaviour, and social stress) that have produced changes to their epigenome, these changes can sometimes be passed on to their children, even if the children develop in optimal conditions themselves (Gapp & Bohacek, 2017; Roseboom & Watson, 2012; Wang et al., 2017). The second mode of transmission is environmental: children often "inherit" the same social and environmental conditions (including poverty or trauma) that have created physical or mental health problems for their parents, thereby increasing the children's risk of physical and mental health problems (Blackburn & Epel, 2017; Moore, 2015).

Intervention in these risk factors

- While services are important for giving infants the best chance of good health and wellbeing, the social conditions in which they and their families live have a greater impact on their health and development (CCCH, 2018; Moore et al., 2017; Prevention Institute, 2019). A much greater focus is needed on ensuring that all families have the conditions they need to raise their children as they (and we) would wish. These conditions include social factors (positive social networks, inclusive communities), environmental factors (clean air, healthy housing, urban design, access to green spaces), and material factors (housing security, income security, food security). Finding ways of improving these conditions under which such families are raising their children must become a major goal for communities and service systems (Ratliff, 2017).
- We need to create much more supportive social environments for families in the early years. While we know where children are at the time of birth and again when they start school, there is no way consistent way to track or monitor children and families in the interim years. To help ensure that children and families have a greater chance of getting the social support and the services they need, we need to create places they can socialise and meet other people. To fill this gap we need child and family centres or hubs. They should be designed in consultation with the people that we are trying to reach, in a way

that they are comfortable with. The focus needs to be on creating places where families can safely develop connections and support. I expect that such hubs would involve childcare, playgroups, and early education programs (including a parenting programs).

- This approach is in contrast to what I see as the usual approach by delivering services: to focus on specific issues or deficits, rather than viewing mental health as part of the person's overall health, and responding to it as such.
- The interventions that I have identified above are required across cohorts. However, because we can identify some cohorts as being more at risk or more exposed to the factors that impact on health and mental health (identified at paragraph 17 above), our focus should be on those conditions. I conceptualise these matters in terms of upstream interventions as opposed to downstream interventions.
- 22 Upstream interventions are those that seek to address the conditions that are causing and sustaining the problems that person (or cohort) is facing, such as housing or financial insecurity, deprived environments, or weak social networks. These are where I consider interventions will have the most long-term impact.
- Downstream interventions are more expensive, and less effective. They focus on the difficulties that a person has already developed. There are risks that a focus on only the difficulties of that person (like their mental illness in isolation) will lead to short term outcomes which relapse in time if the underlying precipitating factors are not also addressed.
- I am therefore strongly of the view that there should be a much greater focus on upstream interventions improving the conditions under which children and young people are living instead of relying solely on responding to presenting problems (while acknowledging that such downstream interventions are necessary).

MENTAL HEALTH PREVALENCE AMONG INFANTS AND CHILDREN

Prevalence and trends

- In considering the predicted changes in the prevalence of mental health issues and mental illness for infants and children in Victoria, it is difficult to identify whether reported increases in mental health problems have occurred because of an actual increase in mental health problems or because of increased capacities and willingness to detect those issues. It is likely to be a combination of both factors.
- We still lack a complete understanding of the factors that are triggering an apparent increase in (for example) autism spectrum disorder and attention deficit hyperactivity

disorder. This makes it difficult to predict accurately the prevalence of mental health issues in Victoria in coming decades.

- 27 However, we can extrapolate that more people will be diagnosed with and treated as having mental health issues and mental illness (whether or not that represents an increase in actual illness or merely diagnosis).
- In responding to that trend, I support a focus on upstream interventions as noted previously, these interventions relate to housing, social equality and fairness. Improvements in these domains will lead to a decrease in adverse mental health outcomes in parents as well as their children. At present, these issues are not being addressed in a wholesale manner in the early parts of the child's life. They are addressed only where the child presents with an acute (or at least serious) mental health disorder or problem. By this stage it is more difficult to prevent the emergence of the mental health disorder or issue.
- 29 There are two key means for responding to the apparent increase in mental health issues:
 - (a) First, by encouraging the identification of factors that are protective of the mental health by frontline service providers interacting with infants and families; and
 - (b) Second, by encouraging connection between services and providers, to encourage a holistic response to the matters that contribute to mental health difficulties. This involves building bridges between services connected with finances, housing, drugs and alcohol, where all practitioners work with each other.
- In relation to the first issue, this would involve driving expertise down into mainstream services, by providing consultancy support from psychiatrists to schools or teachers, to enable them to understand and apply the kinds of social and relational experiences that are protective of mental health in a young person. The application of these principles to all areas of social and community engagement (including in education and childcare) has the potential to build the capacity to support those children and those families.
- The second of the issues identified above, is necessary because of the siloed way in which services presently operating. This prevents a holistic response to causes of mental health problems that a person or their family might be experiencing.
- The risk factors in infancy and childhood that make people particularly vulnerable to mental health problems, or problematic alcohol and other drug use throughout life include those that I have identified above, that is, housing, social support, finances, physical health, relationship status, exposure to violence, neglect and abuse.

- To the greatest extent possible, all services systems that support children should be doing so in a way that takes into account their mental health, and in a way that provides connection between services for the sake of prioritising those services.
- I am not aware of any examples of approaches to modifying risks of poor mental health that have been entirely successful. I am aware of effective programs that assist with certain trigger points for risk factors. For example, there are effective programs for helping adults with anger management and self-regulation.

Risk factors in infants and children

- The factors that I have identified in paragraph 17 above are known to impact on mental health outcomes. So for example:
 - (a) Poor social and physical conditions can impact on a parent's capacity to parent a child in a responsive and nurturing way. This in turn, shapes the child's expectations of connection and their feeling of safety.
 - (b) At any given point along the socioeconomic continuum, a person is likely to experience inferior health outcomes compared to those above them, with outcomes becoming progressively worse with increased socioeconomic disadvantage.
 - (c) Where children "inherit" poverty, trauma or other social disadvantage, they receive and mimic the patterns that they observe in their parents. The impact of trauma or neglect can thereby continue beyond the initial trauma itself. We have seen example that the impacts of trauma on Holocaust survivors can be seen for generations following the events of that period.
- Identification of infant mental health issues or vulnerabilities are difficult. There are some useful processes for monitoring child development, such as the Parent Evaluation of Developmental Status (**PEDS**), and other parent questionnaires. These are useful tools because they engage parents in a constructive way. It is a shift from a risk-based system (where professionals make judgments about whether a person has a problem or is at risk of having a problem because they are a teenage parent, or have a drug problem or other risk factor). Such a risk-based approach is problematic because not all people in risk categories experience problems, and because they are less likely to accept support or find support helpful if it does not address the issues that are most salient to the person.
- An alternative approach to the risk-based system is a response-based system that seeks to respond to the issues that most concern the parent, providing services that address the issues that they identify as of most concern to them. This approach has a better chance of engaging the person in a positive partnership relationship that promotes the person's capabilities to manage the challenges they face. People with mental health or

other challenges do not frame their problems in the same way that professionals do, and if the professionals fail to understand the person's perspective and values, then the chances of building a productive relationship are reduced.

38 An important question is whether we can modify risk factors for mental health. Risk factors can take several different forms, including genetic susceptibilities, previous exposures to environmental stressors, and current exposures to such stressors. Our ability to identify and cater for children's genetic susceptibilities is limited at this stage, but will undoubtedly improve with further research. The impact of exposure to previous adverse or traumatic events or environments can be ameliorated over time, but only if the child is protected from continuing exposure and if they have at least one close, supportive and ongoing relationship in their lives. Current sources of stress for children and adolescents can take many forms, including family breakdown, family violence, homelessness, bullying, isolation and marginalisation, drug and alcohol use, poor sleep patterns, and poor nutrition. Any of these can act as a trigger for the emergence of mental health problems, especially in children who have known genetic susceptibilities and/or a history of adverse or traumatic exposures. Action to reduce their exposure to current sources of stress is essential. Where this is not possible, they should be helped to learn cognitive and emotional strategies to manage the stressors.

Since it is not always possible to protect children from stressful or neglectful environments, it is important to build their resilience to such exposures. The foundations of resilience are best laid through the provision of universal services and supports in the early years that focus on the building blocks of mental health – early attachments, responsive caregiving, building emotional and self-regulation skills, providing attachment-based educational environments, and protection from harm and bullying.

Identification of mental health problems in infants and children

- In infancy, there a number of developmental and behavioural manifestations that can be the precursors of later mental health problems. These include attachment problems (failure to establish a positive attachment relationships with caregivers), self-regulation problems (failure to develop appropriate control of emotions and attention), mood disorders (depressed affect as a result of neglect), and failure to thrive. In early toddlerhood, the early signs of autism can now be detected. Early intervention is called for in all of these cases.
- The people best placed to identify these early developmental problems are parents and caregivers, and early childhood services providers. Parental concerns about their child's development has been shown to be just accurate (if not more so) than the judgments of professionals. Early childhood service providers include maternal and child health nurses, GPs and paediatricians, child care services, and early childhood education programs.

Influence of family environments

- Mental health problems are more prevalent in children that have greater exposure to stressors arising from lower socio-economic status (i.e. insecure housing, low-nutrition food and stress) or, in the case of Aboriginal and Torres Strait Islander children, from intergenerational trauma.
- It follows that cohorts with greater exposure to these kinds of adverse factors negatively impact on their mental health outcomes. Fundamentally these are groups with less control over their world. These issues can only be addressed through strong, universal system that is focused on the people that it serves and provides a holistic response to both the causes and effect of mental illness.

OPPORTUNITIES FOR EARLY INTERVENTION

Identification of infants and children at risk

- The identification of infants at risk of mental illness or experiencing or living with mental illness is difficult. The best approach is to ensure that families have the conditions they need for children to attend a "hub" on a regular basis where they can be involved in different services, and can be observed in a natural relationship environment (preferably with their caregiver).
- The opportunity for ongoing review and interaction with a child in their family or caring environment is important to be able to identify early indicators of mental illness or difficulty.
- The colocation of the various services (like child and maternal health nurses, and other health services) increases opportunities for interaction and information sharing between those services, thereby increasing the prospect of identification of issues. Some connection with schools would likewise be of assistance, even though they would not be collocated within the "hub".

Supporting infants who are at risk

- As discussed above, infants could be best supported via a wholesale changes to the circumstances in which they may be exposed to financial or housing stress, or violence or abuse.
- At a less macro level, infants at risk of developing mental illness could be better supported in conjunction with their families and caregivers in an environment that:
 - (a) is engaged with their community and reflective of their experience;
 - (b) is available for them to visit on a regular basis;

- (c) which provides universal services addressing issues across their mental and physical health, including:
 - support in interacting with Government services such as DHHS or Centrelink;
 - ii. childcare and early childhood care (including child and maternal health nurses); and
 - iii. involves cultural workers, disability advocates, mental health providers.

The operation of "hubs" of this kind would be collaborative and relationship focused.

- In the hubs that I have described, there could be access to experienced or senior mental health practitioners to provide consultation or assistance to other service providers. Alternatively, through additional inter-service connection, it is possible to integrate psychologically sound practices in a range of different aspects of service provision.
- In my view, there is too much emphasis on specific services in responding to mental illness, at the expense of an approach that responds to holistic supports and interventions. The hubs that I have described that operate in Tasmania and New South Wales are the kind of outreach that I think can be very effective, if they are co-located with a broad range of supports that a person can access without red-tape and duplication.
- Those hubs should be community based, providing a broad range of services for children and parents. It should be focused on physical health, mental health, as well as housing and financial issues. The different services need to be able to communicate with each other, and seamlessly refer to different services (in contrast to the present, siloed approach to service provision). Evidence to support this approach comes from evaluations of the Tasmanian Child and Family Centres, which provide the best Australian examples of how such early childhood hubs can work.

COMMUNITY BASED MENTAL HEALTH SERVICES

- I have outlined above the importance of having a hub model for the delivery of a broad range of social and medical services for the benefit of infants and families.
- There is a strong evidence to support the notion that assisting parents to develop skills around parenting and resilience will have positive health benefits for their children both in the short term and throughout the child's life.
- I am not aware of any examples of best practice that have been implemented in Australia or elsewhere.

There are examples of the kinds of "hubs" that I have described in Tasmania where they are known as child and family centres. They are co-designed by the people they are built to serve, and are placed where they are useful to the community, rather than where is convenient to the Government of the day. There is a similar approach in NSW, which has community houses that are co-designed with the community, and provide support during early years of parenting. However none of these programs have been operating long enough to have been subjected to rigorous studies capable of establishing their impact on mental health outcomes over a long period. I am therefore unable to comment on whether they represent "best practice".

WORKFORCE

- The skills mindset of the workforce needs to be relationship-based, with a focus on non-judgmental interactions and one that prioritises potential capabilities of people to be involved in the identification of solutions.
- How services are delivered matters as much as *what* is being delivered. Whether a psychiatrist or general practitioner, the practitioner's ability to engage authentically with the people is as important as the interventions they use.
- Both the clinical and non-clinical workforces depend upon strong relationships with consumers to be effective. Building these relationship-based skills needs to be embedded within their training and general mindset to be effective: it is a foundational method of interaction.
- Training people in the core relationship skills can be done through programs such as the Family Partnership Training model, which is effective at getting people to know the power of listening and the core skills to help people make positive changes. These principles are just as important for a psychiatrist working with a person in relation to their major mental health issue, or a maternal and child health nurse doing a routine assessment. The same universal approach will benefit both interactions. It is a mindset that prioritises both developing the relationship, and working collaboratively with the consumer to develop ways to involve them in the identification of interventions.
- Relationship-based practice requires a practice framework that is based on fundamental engagement with people, and tuning into their needs. I have developed a prototype of such a framework, and have been involved in a program at Save Children Australia to adapt this framework for use in the structured early childhood playgroups they run around Australia. This approach has yet to be evaluated.
- Relationships form a cascade: in order for front line workers to be able to engage authentically with their clients, they need to be supported by colleagues and line managers who engage authentically with them. Where staff are not supported in this way,

it can undermine the overall approach in the centre. It flows into interactions with the consumers. It needs to be a cultural mindset that underscores everything. It is for this reason that mentorship and supervision are important in creating the necessary mindset and supporting the demanding job of maintaining positive relationships in all respects.

In helping workforces to continually learn about and apply emergent research and evidence in their field, knowledge synthesis and translation are of great importance. There is far too much research on mental health and related topics for practitioners and policy makers to process and apply easily, so they are reliant on knowledge translators to help them keep abreast of developments and understand the implications for practice. Knowledge synthesis involves reading across disciplines and service sectors to identify high level patterns and complementarities, and understanding the implications for people with mental health problems, practitioners and policy makers. Despite their importance, knowledge synthesis and translation have a low academic status and are relatively poorly funded. Universities should give greater recognition to knowledge translation as a legitimate academic discipline, and fund it accordingly. Governments can also seek and fund partnerships with research institutes to help keep them informed of emerging research, and to develop information and training resources for practitioners.

RESEARCH

- Dedicated services are required to synthesise research in this area. Online Australia-wide platforms are well placed to review and consider the efficacy of different approaches to health (including mental health). For example, the Raising Children Network is an Australia-wide platform run jointly with the Parenting Research Centre Incorporated and the Murdoch Children's Research Institute. It is supported by the Commonwealth Government and it is a repository of guidance and information about parenting, children and families. It is highly regarded and widely used, so can serve as a valuable vehicle for mental health messages to parents.
- Translation research has the capacity to influence policy and training in positive ways. My own work on early childhood intervention has taken the form of knowledge synthesis and translation rather than direct research. It has involved synthesising the evidence from around the world on best practice, and translating that into terms that are useful for policy makers, practitioners and parents in the Australian context (eg. Moore, 2019). This work has had a significant impact on early childhood intervention policy and practice, particularly in Victoria, but also nationally and internationally, helping shift practices towards more family-centred approaches. Recent work has focused on the impact of the NDIS on early childhood intervention services, and appears to have contributed to current efforts being made to ensure that NDIS services for young children facing developmental challenges are more in line with best practice.

THE ROLE OF CHILDREN AND YOUNG PEOPLE

- To strengthen the voices of children and young people in general, we need a heightened awareness of the emotional, social and mental health developmental pathways whereby they become progressively empowered and able to participate meaningfully in decision-making. This involves understanding what can be reasonably expected of children at different ages and stages, and making sure they are given the opportunities to do participate
- This begins in infancy: we can "hear" the voice of an infant if we engage with them meaningfully, and respond to their communication bids and emotional states. What matters at this stage is how responsive the caregiver or adult is to the child. Over time, the child's contribution can increase and take on greater significance.
- It is important to recognise that many mental health problems are not curable. Most are chronic conditions that have to be managed using the same principles that are used to manage chronic health problems as part of a holistic approach to a healthy life.
- In doing this, it is important that the person themselves have as much input into the management of their conditions as is possible and age-appropriate. This can be considered and monitored in an ongoing, iterative way.

THE PREVENTION OF MENTAL HEALTH PROBLEMS

- The question of prevention of mental health problems is complex. Many different developmental pathways from many different starting points may lead to a common outcome, such as mental health problems in adolescence or adulthood. Equally, any single risk factor in early childhood, whether it is biological or experiential, may lead to diverse outcomes in later life. All outcomes, including mental health problems, are multiply determined, the result of an interplay between multiple risk and protective factors, at different levels (biological, psychological, social).
- Mental health and other problems are *developmental* in that they unfold over time, and are shaped by a dynamic interaction between the child/young person and their environment across the life span. This is a transactional process, in which the child shapes the environment, and the environment shapes the child. Being dynamic, there are many pathways that development can follow.
- Moreover, mental health issues in young children need to be seen as *developmental* disabilities or disorders, not as fixed properties of the child. Mental disorders are not just characteristics of the individual, but reflect a mismatch between a person's capacities and the demands placed on them by their environment. A child may have an impairment, but whether this becomes disabling depends upon the extent to which the environment is

adapted to allow the child to develop functional skills that will enable them to participate meaningfully in family and community life.

- Development is a product of genetics, biological processes, and environmental exposures and experiences. At this stage, although some mental health problems are known to have a heritable component, efforts to identify the precise genes that correspond to particular mental health problems have not been successful. Work in this field is continuing, in the hope that it will be possible to identify people who have genetic clusters that are known to be associated with having a greater risk of developing mental health problems.
- All of this means that that it is difficult to predict an exact pathway between early experiences and later outcomes, and therefore difficult to know how best to intervene to prevent the occurrence of these problems. However, we know that *environmental* experiences and exposures shape development, so this gives us a place to start. We also know what conditions children need to promote positive development, and what conditions families need to provide those conditions. This knowledge should form the basis of a whole-of-population approach to the prevention of mental health problems.
- 74 In considering what such an approach might involve, the following points should be noted:
 - (a) Early detection is important, as there are some conditions (such as autism) that can be identified early and that respond positively to early childhood intervention services. However, we do not know how to prevent autism, nor do we know how to cure it. It is a lifelong condition, and the aim of early intervention should be to promote the adaptation of the child and family to the child's impairment, not try to fix the condition or the child.
 - (b) Protection from exposure to adverse experiences is important. We know that cumulative exposure to multiple adverse experiences increases the risk of mental health and other problems in adolescence and adulthood. Some advocate using tools to identify children who have had such multiple exposures, and targeting them with protective services. An alternative is a whole-of-population approach that seeks to promote the conditions families need to raise their children as they (and we) would wish. We need to reduce the pressures on families that are known to compromise parenting and family functioning, and that lead to their children being exposed to adverse experiences. (These two approaches are complementary rather than mutually exclusive.)
 - (c) Starting early is important. The impact of positive and adverse experiences varies according to when they occur, with those occurring the early years having the greatest impact. Therefore, prevention efforts in the early years are likely to yield the greatest benefits.

- Often seen as an antidote to mental health and other developmental challenges, resilience is the ability to recover from adverse experiences. It is as much a learned characteristic as a biological one. Resilience is developed when children who experienced adverse events are supported by a trusted caregiver to process the experience and learn from it. Resilience is also developed when children are given opportunities to take reasonable risks and to fail sometimes. What matters is not protecting them from risk or failure, but helping them process the experience and learn how to bounce back. There appears to be too much emphasis on protecting children in today's society, this may reduce resilience and increase the likelihood of developing mental health and other problems. Shifting the general public's attitude to child risks and child capabilities should be an important goal.
- With these considerations in mind, here is what a comprehensive whole-of-population approach to preventing mental health in the early years might look like:
 - (a) Ensure that all families have the conditions they need to care for and raise their children as they (and we) would wish. This involves ensuring that all families have the basics — housing security, income security and food security — and that they have positive social networks and family-friendly neighbourhood environments. As things stand, none of these are guaranteed.
 - (b) Rather than first trying to improve, integrate or expand the existing system of services, start by reconfiguring the early years environment for families so they have greater access to social support and to a range of family-friendly services and facilities.
 - (c) Create cost-free child and family community hubs as a core focus for social connections. Use these hubs as locations where universal and specialist services can be delivered in response to the individual and collective needs of parents.
 - (d) Co-design the hubs, and the facilities and services they provide, with the families for whom they are intended.
 - (e) Use a place-based approach to building a partnership between services and communities that can guide the development of community hubs and other aspects of the community environment.
 - (f) Base service provision on a universal service approach, with built-in surveillance systems to identify potential child or family problems early, with tiered forms of support to address these.

- (g) Provide a range of affordable and accessible, high quality playgroups, child care and early childhood education programs for children, especially those from disadvantaged backgrounds.
- (h) Provide specific interventions for those experiencing parenting challenges evidence-based parent-infant programs that promote attachments and nurturing care, parenting programs (such as Empowering Parents Empowering Communities), sleep programs, parenting support for promoting emotional/behavioural regulation.

Final comments

- 76. This whole-of-population approach is not applicable to mental health issues only. Most of the actions recommended are also what are needed for the other complex human services issues that our society faces child protection, family violence, entrenched poverty, inequitable learning outcomes. These issues are all proving to be intractable no amount of money thrown at them seems to make a difference.
- 77. There are two problems with the default approach that we have been using so far. One is to adopt a service focus in addressing the problems looking for ways in which we can improve or integrate or increase the services that address the problem in question. As I have argued above, this is the wrong place to start. The conditions under which families are raising young children have a greater impact on their children's development than the services they receive. We need to work with families to co-design ways of optimising those conditions, then think about how we add services to the mix.
- 78. The second problem with our default approach is that we are trying to address all these problems separately. They are all intertwined the underlying causes have a great deal in common, and improving the conditions under which families are raising young children will lead to improvements in all of the major problems we face, not just mental health outcomes.

sign here ▶	Tingly Magao
print name	TIM MOORE
date	2.6.20





ATTACHMENT TM-1

This is the attachment marked 'TM-1' refers to the witness statement of Dr Tim Moore dated 2 June 2020.

CURRICULUM VITAE

PERSONAL DETAILS

NAME: Timothy G. MOORE

DATE OF BIRTH: 17.12.1944

CURRENT POSITION: Senior Research Fellow

Policy, Equity & Translation

Centre for Community Child Health Murdoch Children's Research Institute

The Royal Children's Hospital

Senior Fellow

Department of Paediatrics University of Melbourne

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QUALIFICATIONS

- Bachelor of Arts (University of Melbourne, 1965)
- Diploma of Education (University of Melbourne, 1966)
- Doctor of Philosophy (University of Surrey, U.K., 1981)

Doctoral Thesis: Self-Concepts and Self-Esteem in School-Age Children.

Supervisor: Dr. Harry McGurk

EMPLOYMENT HISTORY

February 2002 Senior Research Fellow, Centre for Community
 present Child Health, Murdoch Children's Research Institute,

The Royal Children's Hospital

May 2000 Senior Project Officer, Centre for Community

- Feb 2002 Child Health, Murdoch Children's Research Institute,

The Royal Children's Hospital

March 1988 Co-ordinator, Monnington Early Intervention Centre,

- May 2000 Department of Education, Victoria

October 1987 Co-ordinator, Springvale Student Services Centre,

- February 1988 Ministry of Education, Victoria

•	May 1987 - September 1987	Stream Leader (Guidance), Springvale Student Services Centre, Ministry of Education, Victoria
•	September 1984 - May 1987	Acting Senior Guidance Officer (Special Education), Ministry of Education, Victoria
•	September 1983 - September 1984	Section Leader (Guidance), Monnington Centre, Victorian Education Department
•	June 1982 - September 1983	Acting Section Leader (Guidance), Monnington Centre, Victorian Education Department
•	June 1981 - June 1982	Guidance Officer, Monnington Centre, Victorian Education Department
•	August 1971 - June 1981	Educational Psychologist, London Borough of Barnet, UK
•	January 1969 - February 1971	Guidance Officer, Psychology and Guidance Branch, Victorian Education Department
•	January 1968 - December 1968	Secondary Teacher, Assistant Class III (Tech.), Sunshine North Technical School, Victorian Education Department
•	January 1967 - December 1967	Secondary Teacher, Assistant Class IV (Tech.), Sunshine North Technical School, Victorian Education Department

PROFESSIONAL MEMBERSHIPS

- Australian Psychological Society (since 1982)
- Early Childhood Intervention Australia (Victorian Chapter) (formerly Australian Early Intervention Association) (1985-2017)
- Early Childhood Intervention Australia (since 2018)
- International Society on Early Intervention (since 1996)
- Australian Research Alliance for Children and Youth (*Life Member*)

POSITIONS OF OFFICE

 Member of Committee of Management, Early Childhood Intervention Australia (Victorian Chapter) (1985-2017)

Positions of office: President 1985-94, Vice-President 1995-97, Secretary 1998-03, 2011-12, Treasurer 2004-10

Member of Board of Management, Noah's Ark Inc. (since 1988)

Positions of office: Vice-President 2002-2006. President 2007-2010

CONFERENCE ORGANISATION

- Convenor of Australian Early Intervention Association (Victorian Chapter) 6th, 7th, 8th, 10th & 11th Annual Conferences, 1990-1992, 1994-1995
- Convenor of 2nd National Australian Early Intervention Association Conference, Melbourne, 1996
- Co-convenor of Australian Early Intervention Association (Victorian Chapter) 13th & 14th Annual Conferences, 1997 & 1998
- Co-convenor of Noah's Ark / Centre for Community Child Health Conference National Inclusion Conference – Reimagining Inclusion – Melbourne Convention Centre, November 2013
- Member of Conference Committee for 11th National Early Childhood Intervention Association Conference 2016
- Member of Conference Working Committee for 5th International Conference of the International Society on Early Intervention, Sydney, June 2019.

REPORTS, PUBLICATIONS AND PRESENTATIONS

For a thematic breakdown of all reports, publications and presentations since 2000, see:

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and Training. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute.

Moore, T.G. (2018). **Strengthening Evidence-Use in Practice: An Evidence-Informed Decision-Making Framework**. Richmond, Victoria: Berry Street Childhood Institute.

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Arefadib, N. and Moore, T.G. (2018). **Understanding and Responding to Child and Family Vulnerability.** *Prepared for Better Health Plan for the West.* Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

Moore, T.G., Fong, M. and Rushton, S. (2018). **Evaluation of Now and Next Program.** *Prepared for Plumtree Children's Services*. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

https://plumtree.org.au/wp-content/uploads/Now-and-Next-evaluation-Murdoch-Childrens-Research-Institute.pdf *or*

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Arefadib, N. and Moore, T.G. (2018). The importance and lifelong benefits of the early years: An analysis of the evidence - Tasmanian Core Story of Early Childhood Project. Prepared for the B4 Early Years Coalition and the Tasmanian Government Department of Education. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.

Moore, T.G., Arefadib, N. and Fong, M. (2018). **Process Evaluation of Children's Ground – Kakadu West Arnhem.** Parkville, Victoria: Centre for Community child Health, Murdoch Children's Research Institute.

See summary of evaluation results in Lorains, J. and Vadiveloo, J. (2019). Children's Ground in Kakadu West Arnhem: Final Evaluation 2013-2017 (pp. 69-89).

https://engonetcgr.blob.core.windows.net/assets/uploads/files/CG-KWA%20Evaluation-FA-WEB.pdf

Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). **The First Thousand Days: An Evidence Paper.** Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute. https://doi.org/10.25374/MCRI.5471779http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf

Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. (2017). **The First Thousand Days: An Evidence Paper – Summary.** Parkville, Victoria: Centre for

Community Child Health, Murdoch Children's Research Institute. https://doi.org/10.25374/MCRI.5471776 http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-Summary-September-2017.pdf

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Elek, C., Quach, J., Moore, T., West, S., Goldfeld, S., Symes, L., & Oberklaid, F. (2017). **Supporting teachers, supporting children: Teacher professional development needs at the health-education interface.** Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health.

Moore, T.G., Arefadib, N., Deery, A. and Heery, L. (2016). **Better understanding disengagement from early parenting services: rapid literature review**. *Prepared for the Department of Health and Human Services*. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital.

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Goldfeld, S., Moore, T.G. and McLean, K. (2015). **Review of Enhanced Maternal and Child Health: Brief Advisory Paper.** *Prepared for the Victorian Government Department of Education*. Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and Centre for Adolescent Health, Murdoch Childrens Research Institute.

Moore, T., McDonald, M. & McHugh-Dillon, H. (2015). **Evidence review: Early childhood development and the social determinants of health inequities.** Carlton South, Victoria: Victorian Health Promotion Foundation. https://www.vichealth.vic.gov.au/media-and-resources/publications/the-vichealth-framework-for-health-equity

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West, S. and Moore, T.G. (2015). Witness Statement to Royal Commission on Family Violence, Melbourne, August.

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Moore, T.G. (2014). **Principles to guide a localised approach.** *Prepared for The Nous Group as support for the development of a Government of Queensland Early Childhood Strategy.* Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital.

Kearney, S., Cooper, J., Halloran, D., Symes, S., West, S. and Moore, T. (2014). A **National Study of the Parent Engagement Resource: Final Report.** *Prepared for the Australian Government Department of Social Services.* Parkville, Victoria: The Royal Children's Hospital's Centre for Community Child Health and the Murdoch Childrens Research Institute.

Heery, L., Podbury, R., Kearney, S., Fry, R. and Moore, T. (2014). **Connect for Kids Developmental Evaluation Final Report.** *Prepared for Berry Street.* Parkville, Victoria: Centre for Community Child Health at The Murdoch Childrens Research Institute and The Royal Children's Hospital.

Moore, T.G., McDonald, M. & McHugh-Dillon, H. (2015). **Early childhood development and the social determinants of health inequities: A review of the evidence.** *Prepared for VicHealth*. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute and the Royal Children's Hospital.

Early Childhood Intervention Australia (New South Wales) (2013-14): **Focus on Inclusion Project resources:**

- Moore, T.G., Symes, L. and Bull, K. (2013). Strengthening Inclusive Practices in Early Childhood Intervention Services: Background Paper. North Rocks, NSW: Early Childhood Intervention Australia (New South Wales). http://www.ecia-nsw.org.au/documents/item/1062
- Moore, T.G., Symes, L. and Bull, K. (2014). Strengthening Inclusive Practices in Early Childhood Intervention Services: Best Practice Guide. North Rocks, NSW: Early Childhood Intervention Australia (New South Wales). http://www.ecia-nsw.org.au/documents/item/1063
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 Feedback Form. North Rocks, NSW: Early Childhood Intervention Australia (New South Wales).
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Moore, T.G. and Sanjeevan, S. (2013). **Connect for Kids: A literature review of community-based interventions for children and young people.** *Prepared for Berry St.* Parkville, Victoria: Centre for Community Child Health and Centre for Adolescent Health, Murdoch Childrens Research Institute and The Royal Children's Hospital.

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Moore, T.G, McDonald, M., Sanjeevan, S. and Price, A. (2012). Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies. *Prepared for the Australian Research Alliance for Children and Youth.* Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Childrens Research Institute. DOI: 10.4225/50/5578C7D315E43

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Moore, T.G., McDonald, M. and Sanjeevan, S. (2012). **Primary schools as community hubs: a review of the literature.** Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital. DOI: 10.4225/50/5578C7EBC7E46

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Moore, T.G. (2012). Rethinking early childhood intervention services: Implications for policy and practice. Invited *Pauline McGregor Memorial Address* to the 10th Biennial National Early Childhood Intervention Australia (ECIA) Conference and 1st Asia-Pacific Early Childhood Intervention Conference 2012, Perth, Western Australia, 9th August.

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Moore, T.G. and Fry, R. (2011). Place-based approaches to child and family services: A literature review. Prepared for the Department of Education and Early Childhood Development. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health. DOI: 10.4225/50/5577CE906382B

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Moore, T.G. (2011). **DEECD Early Childhood Intervention Reform Project: Revised Literature Review.** *Prepared for the Victorian Department of Education and Early Childhood Development.* Melbourne, Victoria: Department of Education and Early Childhood Development.

http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/intervention/ecislitreview.pdf

Moore, T.G., Keyes, M. and Sanjeevan, S. (2011). Research Evidence to Support a Revised Service Delivery Model for the Enhanced Maternal and Child Health Service: A Literature Review. Prepared for the Victorian Department of Education and Early Childhood Development. Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Children's Research Institute.

Moore, T.G. and Sanjeevan, S. (2011). **Literature review to support the development of a new ante and post-natal support service.** *Prepared for the Victorian Department of Human Services.* Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and Murdoch Children's Research Institute.

Moore, T.G., Fry, R., Lorains, J., Green, J. and Hopkins, L. (2011). Review of the evidence base in relation to early childhood approaches to support children in highly disadvantaged communities for the Children's Ground Project. Prepared for the Commonwealth Department of Education, Employment and Workplace Relations. Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Children's Research Institute. DOI: 10.4225/50/5577CED9994E5

http://www.wch.org.au/emplibrary/ccch/Childrens_Ground_Project_Literature_Review_FINAL_3.10.11.pdf

Symes, L., Moore, T.G., Sayers, M., Swalwell, J. and Johnston, C. (2011). **Towards an Early Childhood Intervention Services (ECIS) Service Delivery Framework: Final Report.** *Prepared for the Victorian Department of Education and Early Childhood Development.* Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Children's Research Institute.

McDonald, M., Moore, T. and Symes, L. (2011). **Specialist Early Childhood Intervention Literature Review.** *Prepared for the Victorian Department of Education and Early Childhood Development.* Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Childrens Research Institute.

Moore, T.G. and Skinner, A. (2010). **An Integrated Approach to Early Childhood Development.** A Benevolent Society Background Paper. Sydney, NSW: The Benevolent Society. DOI: 10.4225/50/5577C09DAD58D http://www.rch.org.au/emplibrary/ccch/TM_BenSoc_Project_09.pdf

Moore, T.G. (2010). **The benefits of early childhood education programs.** *Fact Sheet for Department of Education and Early Childhood Development.* Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Childrens Research Institute.

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Moore, T.G. (2008). **Evaluation of DEECD Children's Centres: Literature review.** Melbourne, Victoria: Office for Children and Early Childhood Development, Department of Education and Early Childhood Development.

Moore, T.G. and Irving, E. (2007). **Early Childhood Intervention Coordination Program Professional Development Project: Final Report.** *Prepared for: NSW Department of Ageing, Disability and Home Care (DADHC).* Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health and the Murdoch Childrens Research Institute

Moore, T.G. with Larkin, H. (2006). 'More Than My Child's Disability': A Comprehensive Review of Family-Centred Practice and Family Experiences of Early Childhood Intervention Services. Melbourne, Victoria: Scope (Vic) Inc. http://www.rch.org.au/emplibrary/ccch/EY_Mod2_Reading.pdf

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Moore, T.G. (1984). Drawing the line: Child development and its relevance for discipline. **Inter View**, No.12, pp.27-31.

Moore, T.G. (1981). **Self-Concepts and Self-Esteem in School-Age Children.** Doctoral Thesis, University of Surrey, 1981 - *supervisor: Dr. Harry McGurk*

CONFERENCE PRESENTATIONS AND WORKSHOPS

Keynote and invited papers are asterisked

Moore, T.G. (2020). 'The first 1000 days; evidence and implications'. Half-day workshop for national Early Years Summit, Melbourne, 10 march.

- * Moore TG. (2019). The genie is out of the bottle: Be careful what you wish for. Keynote presentation at Early Childhood Intervention Australia / International Society on Early Intervention Conference 2019, Sydney 26 June.
- * Moore TG. (2019). 'The first 1000 days: Why they matter and what they mean for us.' Keynote address at Twilight Seminar for Child and Family Nurses Association ACT, Canberra, 2nd August.
- * Moore TG. (2019). 'The first 1000 days and the implications for allied health professionals.' Keynote address at 13th National Allied Health Conference, Brisbane, 6th August.

Moore TG. (2019). 'The nature and significance of children's wellbeing'. Presentation at Child Well-being Forum, organised by the Tasmanian Commissioner for Children and Young People, Hobart, 12th September.

- * Moore TG. (2019). 'A key strategy for improving outcomes for Australian families'. Keynote address at Blacktown Community Services Conference, Blacktown, Sydney,17th October.
- * Moore TG. (2019). 'Supporting parental choice in the NDIS to ensure best outcomes for children.' Presentation at Noah's Ark, Association for Children with a Disability, and Early Childhood Intervention Australia (Vic/Tas) Forum, Melbourne, 25th November.
- Moore, T.G., Mahmic, S., Janson, A. and Bayasgalan, M. (2019). 'Evaluation of an innovative parent-led program for building family capacity.' Paper presented at International Society on Early Intervention Conference 2019, Sydney, 28th June.
- Moore, T.G. (2019). 'Becoming an evidence-informed practitioner: the roles of practice, feedback and coaching.' Paper presented as part of a Symposium on *Embedding best practice in a state-wide early childhood intervention service* with Kerry Bull, and Claire Jennings, presented at International Society on Early Intervention Conference 2019, Sydney, 27 June

Moore, T.G. and McWilliam, R. (2019). 'Early childhood intervention vs intensive therapy: complementary or counter-productive?' Lunchtime roundtable at International Society on Early Intervention Conference 2019, Sydney, 27th June.

- * Moore, T.G. (2019). 'The genie is out of the bottle: Be careful what you wish for.' Keynote address at joint ECIA / ISEI Conference 2019, Sydney, 26th June.
- Moore, T.G. (2019). 'The first 1000 days: why they matter and what they mean for us.' Workshop for South Coast Early Years Network, Inverloch, 13th June.
- Moore, T.G. (2019). 'Evidence-informed practice in early childhood intervention.' Presentation at national NDIA Partner Forum, Melbourne, 12th June.
- * Moore, T.G. (2019). 'Understanding and meeting the needs of families facing multiple challenges: the role of early childhood and family services.' Invited address at Early Childhood Education Conference *Growing Tomorrow*, Melbourne, 18th May.
- Moore, T.G. (2019). 'Evidence-informed decision-making: reconciling evidence-based and relationship-based practices.' Presentation for Early Intervention Foundation, London, 2nd May.
- * Moore, T.G. (2019). 'Authentic engagement: The role of the relationships at the heart of effective practice.' Plenary presentation at Enhanced MCH Education Day, Melbourne, 4th April.
- * Moore, T.G. (2019). 'The first 1000 days: why they matter and what this means for us.' Keynote presentation at 10th Australasian Newborn Hearing Screening Conference, Gold Coast, Queensland, 22nd March.
- * Moore, T.G. (2019). 'Early intervention and inclusion for young children with developmental disabilities.' Keynote presentation at NSW Department of Education Inclusion Forum, Sydney, 6th March.
- Moore, T.G. (2019). 'Early childhood intervention services in the NDIS: challenges and choices.' One-day workshop for Tasmanian Department of Education ECI staff, Hobart, 13th February.
- Moore, T.G. (2018). 'An evidence-informed decision-making framework for human service providers.' Paper presented at Global Evidence and Implementation Summit 2018, Melbourne, 23rd October.
- Moore, T.G. (2018). 'Common elements in human services: convergent evidence for core processes of effective service delivery.' Presentation at Global Evidence and Implementation Summit 2018 preconference workshop on common elements, Melbourne, 21st October.
- Moore, T.G. (2018). Podcast on the neurobiology of relationships, as part of RATIO's series of R Talks: *Exploring Relational Social Policy*, London, 27th September.
- Moore, T.G. (2018). 'The first 1000 days and environmental impacts on health and development.' Presentation on at University of Lincoln School of Geography Think Tank Seminar Series 2018/2019, Lincoln, UK, 25th September.

- * Moore, T.G. (2018). 'Authentic engagement: The role and nature of relationships in parent/professional partnerships.' Keynote address at Parents Victoria Annual Conference, 21 August, Melbourne.
- * Moore, T.G. (2018). 'Constructing a new narrative of our first 1000 days: synthesising the evidence and framing the messages'. Invited presentation at DOHaD ANZ Conference 2018, Sydney, 20th July
- Moore, T.G. (2018). 'Authentic engagement: The role and nature of relationships in human services.' Presentation for The Smith Family General Managers Conference, Adelaide, 11th July.
- Moore, T.G. (2018). 'The first 1000 days.' Webinar for Plan International Australia, 3rd July.
- * Moore, T.G. (2018). 'Authentic engagement: The nature and role of relationships in supporting families facing multiple challenges.' Keynote presentation on at Networks of Practice Conference Family at the Centre of Practice Conference Holistic Approaches to Working with Families Newcastle, 15th June.
- * Moore, T.G. (2018). 'Understanding and meeting the needs of families facing multiple challenges.' Keynote presentation on at Networks of Practice Conference Family at the Centre of Practice Conference Holistic Approaches to Working with Families Newcastle, 14th June.
- * Moore, T.G. (2018). 'An evidence-informed decision making framework: reconciling family-centred practice and evidence-based practice.' Keynote address at 1st Integrated Child Health and Social Congress, Singapore, 5th June.
- * Moore, T.G. (2018). 'Authentic engagement: The role and nature of relationships in parent/professional partnerships.' Keynote address at 1st Integrated Child Health and Social Congress, Singapore, 5th June.
- * Moore, T.G. (2018). 'Factors affecting development during the first 1000 days: evidence and implications'. Keynote address at 1st Integrated Child Health and Social Congress, Singapore, 4th June.
- * Moore, T.G. (2018). 'Authentic engagement: The role and nature of relationships in parent / professional partnerships.' Keynote address on presented at Parents and Friends Federation of WA Inc. Conference *We're All In This Together* Perth, Western Australia, 26th May.
- Moore, T.G. (2018). 'Evidence-informed decision-making in early childhood intervention services.' Workshop for Early Childhood Intervention Australia (WA/NT), Perth, Western Australia, 25th May.
- * Moore, T.G. (2018). 'Factors affecting development during the first 1000 days evidence and long-term implications.' Invited workshop at 2nd International Conference on Neuropsychotherapy, Melbourne, 23rd May.

- Moore, T.G. (2018). 'Moving to the NDIS: Challenges for early childhood intervention services.' Workshop presented at 2018 Early Years Conference *Today's Children Tomorrow's Future* Cairns, Queensland, 18th May.
- * Moore, T.G. (2018). 'Understanding and meeting the needs of families facing multiple challenges: Towards a new synthesis.' Keynote presentation at 2018 Early Years Conference *Today's Children Tomorrow's Future* Cairns, Queensland, 17th May.
- Moore, T.G. (2018). 'Factors affecting development during the first 1000 days: Evidence and implications.' Half day seminar for Inner Gippsland Department of Education staff, Moe, 27th March.
- Moore, T.G. (2018). 'Factors affecting development during the first 1000 days: Evidence and implications.' Presentation at Noah's Ark Staff Conference, Melbourne, 22nd March.
- Moore, T.G. (2018). 'A child's first 1000 days: An update on the latest research developments.' Lunchtime seminar for Public Health and Policy Research staff, University of Otago, Wellington, New Zealand, 1st March.
- Moore, T.G. (2018). 'Factors affecting development during the first 1000 days: Evidence and implications'. Grand Rounds presentation, The Royal Children's Hospital, Parkville, 21st February.
- Moore, T.G. (2018). 'Factors affecting development during the first 1000 days: Evidence and implications.' Half day workshop for Tasmanian Department of Health and Human Services managers, Hobart, 19th February.
- Moore, T.G. (2018). 'Factors affecting development during the first 1000 days: Evidence and implications.' One day workshop for Tasmanian Department of Education, Hobart, 16th February.
- Moore, T.G. (2018). Video interviews on principles and practices in engaging parents, for Emerging Minds National Workforce Centre for Child Mental Health, Melbourne, 12th February.
- Moore, T.G. (2018). The First Thousand Days: The significance for future health & developmental outcomes'. Presentation for Victorian Deaf Education Institute Professional Development program, Melbourne, 6th February.
- Moore, T.G. (2017). 'Authentic engagement: The nature and role of the relationship at the heart of effective practice.' Webinar for Australian Research Alliance for Children and Youth, 22nd November.
- * Moore, T.G. (2017). 'How children develop and learn'. Keynote presentation at Creative Victoria *Growing Audiences: Engaging Children and Families* Summit, ACMI, Melbourne, 21st November.

- * Moore, T.G. (2017). 'The role of community strengthening in child wellbeing.' Keynote address at Local Community Services Association's *Connecting Communities* Conference 2017, Redfern, NSW, 19th September.
- * Moore, T.G. (2017). 'Evidence-informed decision-making.' Presentation at Local Community Services Association's *Connecting Communities* Conference 2017, Redfern, NSW, 18th September.
- Moore, T.G. (2017). Family centred practice in human services: Learnings from a parallel professional world. Presentation at 9th National Paediatric Bioethics Conference *Patient and family-centred care: Reality or Rhetoric?* The Royal Children's Hospital, Melbourne, 7th September.
- Moore, T.G. (2017). 'Evidence-informed decision-making.' Presentation at DHHS/DET/CCCH one-day symposium on *Evidence for Impact: International and local perspectives on improving outcomes for children and young people*, Melbourne, 29th June.
- * Moore, T.G. (2017). 'Authentic engagement: The nature and role of the relationship at the heart of effective practice.' Keynote address at ARACY Parent Engagement Conference *Maximising every child's potential* Melbourne, 7th June. https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-ARACY-Parent-Engagement-Conference17-Paper-Oct2017.pdf
- Moore, T.G. (2017). 'Early childhood intervention: Rationale and best practices.' Presented at NDIS Early Childhood Community Forum, co-hosted by National Disability Insurance Agency and Early Childhood Intervention Australia (Vic/Tas), Ballarat, 29th March.
- * Moore, T.G. (2017). 'Reconfiguring early childhood and family support systems: Rationale, evidence and practice implications.' Keynote presentation at Hong Kong Council of Children's Services Conference on *Realizing Inclusion for Children and Youth with Special Needs*, Hong Kong, 24th March.
- * Moore, T.G. (2017). 'Inclusion of children and young people with disabilities in the family, early childhood/school and community settings.' Keynote presentation at Hong Kong Council of Children's Services Conference on *Realizing Inclusion for Children and Youth with Special Needs*, Hong Kong, 25th March.
- * Moore, T.G. (2016). 'Engaging and building meaningful partnerships with families and communities facing multiple challenges.' Keynote presentation on at Tasmanian Department of Education Professional Learning Day, Launceston. September 23rd.
- * Moore, T.G. (2016). 'From block funding to individual purchasing in early childhood intervention services: Understanding the implications for service delivery and best practice.' Keynote presentation on Early Childhood Intervention Australian 12th National Conference, Melbourne, 8th September.
- * Moore, T.G. (2016). 'From block funding to individual purchasing in early childhood intervention services: Exploring the implications for service delivery and best

practice.' Workshop presented at Early Childhood Intervention Australian 12th National Conference, Melbourne, 10th September.

Moore, T.G. (2016). 'Helping families address psychosocial challenges: A new tool for early childhood intervention practitioners.' Paper presented at International Society on Early Intervention Conference, 9th June, Stockholm, Sweden.

Swalwell, J. and Moore, T.G. (2016). 'Bringing it all together: Advantaging the disadvantaged in a purchaser system.' Presentation at Symposium on *ECI and a National Approach to Individual Funding: Australia and the National Disability Insurance Scheme*, at International Society on Early Intervention Conference, Stockholm, Sweden, June 9th.

- * Moore, T.G. (2016). 'Promoting the development and well-being of children during the early years: What schools, early childhood services and communities can do.' Keynote presentation at Queensland Department of Education Better Together Forum South East Region, on *Connecting Schools, Early Childhood Services and Communities*, Gold Coast, Queensland, 20th May.
- * Moore, T.G. (2016). 'Building connections: what children and families need and how playgroups can help.' Keynote address at Playgroup Victoria Annual Conference 2016 *Playgroups creating connections* 5th May, Preston.

Moore, T.G. (2016). 'What do all infants and children need for optimal well-being?' Paper presented at CCCH Seminar on *Infant and child mental health*, Parkville, 18th March.

- * Moore, T.G. (2015). 'Early childhood intervention in a changing world: Challenges and opportunities.' Keynote presentation at Macquarie University symposium on *Early Intervention in the 21st Century*, 2nd December, Sydney.
- * Moore, T.G. (2015). 'Rethinking early childhood intervention services for young children with developmental disabilities.' Webinar on for *Cross State Learning Collaborative on social-emotional learning*, convened by WestEd Center for Prevention & Early Intervention, California, 1st December.
- * Moore, T.G. (2015). 'Place-based approaches for addressing the needs of families experiencing disadvantage.' Keynote presentation at City of Greater Bendigo EYMP Key Stakeholder Information Group Forum, 6th November, Bendigo.
- * Moore, T.G. (2015). 'Engaging and partnering with vulnerable families and communities: the keys to effective place-based approaches.' Invited presentation at the Goulburn Child FIRST Alliance Conference 2015 *The NEXT Generation: The future of our children and young people's safety is in our hands* 27th October, Shepparton.

http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-Engaging-Partnering-Vulnerable-Families-Communities-Tim-Moore.pdf

* Moore, T.G. (2015). 'Early intervention and inclusion for young children with developmental disabilities.' Presentation at Hunter Area Early Childhood Intervention

Coordination Program Forum on *Early Childhood Intervention, Inclusion and the NDIS for Children 0-8* years, Newcastle, 21st October. http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-Early-Intervention-Inclusion-Young-People-Developmental-Disabilities-Tim-Moore.pdf

- * Moore, T.G. (2015). 'Engaging and partnering vulnerable families and communities: the keys to effective place-based approaches.' Keynote address on at WACOSS Social Policy Forum on *Child and Parent Centres: An Update for the Community Sector*, Perth, 19th June.
- * Moore, T.G. (2015). 'Conception to 3 years: The nature and significance of early development and the implications for practice.' Lunchtime Seminar presentation for Brotherhood of St. Laurence, Brunswick, 7th May. http://library.bsl.org.au/jspui/bitstream/1/7093/1/MooreT_Conceptionto3_7May2015.p df
- * Moore, T.G. (2015). 'Understanding 'social climate change' and its impact on children and families: Towards collective action.' Presentation for Queensland Department of Education ECEC Head Office staff, Brisbane, 29th April.
- Moore, T.G. (2015). 'What is 'learned' in the early years: towards a holistic understanding of mind~brain~body development.' Poster presentation at 2015 ANZ DOHaD Conference, Melbourne, 17th April.
- * Moore, T.G. (2015). 'Towards full inclusion in early childhood: progress and challenges.' Keynote presentation at NSW Inclusion Support Agencies Professional Development Day, Sydney, 25th March.
- * Moore, T.G. (2015). 'Understanding the nature and significance of early childhood: new evidence and its implications.' Presentation for Queensland Department of Education ECEC Head Office staff, Brisbane, 19th March.
- * Moore, T.G. (2015). 'Keeping the child at the centre of our work in times of chaos.' Cradle to Kinder Action Learning Workshop, Preston, 24th February.
- * Moore, T.G. (2014). 'Maximising both the efficacy and the 'take-up' of services: a framework for early childhood intervention service delivery.' Invited presentation at Annual General Meeting of Early Childhood Intervention Australia (Victorian Chapter), Melbourne, 21st November.
- * Moore, T.G. (2014). 'Towards full inclusion in early childhood: progress and challenges.' Keynote address on *KU Annual Conference*, Rosehill, NSW, 18th October.
- * Moore, T.G. (2014). 'Preventing vulnerability: Closing the gap between evidence and practice.' Invited presentation on at seminar on *Preventing vulnerability for children in Melbourne's north*, presented by Northern Metropolitan Local Government Councils in partnership with the Centre for Community Child Health, Darebin Arts Centre, Preston, 22nd August.

- * Moore, T.G. (2014). 'Place-based practice: the Australian context.' Keynote address on *Leading Practice Family Work Conference*, Rooty Hill, NSW, 29th July.
- * Moore, T.G. (2014). 'Policy and practice in implementing early childhood intervention services.' Invited plenary presentation at *Malaysian 5th National Early Childhood Intervention Conference*, Ipoh, Perak, Malaysia, 7th June. http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-Tim-Moore-Malaysian-ECI-Conference-14-plenary-paper-2.pdf
- * Moore, T.G. (2014). 'Motivating parents to be advocates: How parents can drive services forward for their children.' Invited plenary presentation at Malaysian 5th National Early Childhood Intervention Conference, Ipoh, Perak, Malaysia, 4thJune. http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-Tim-Moore-Malaysian-ECI-Conference-14-plenary-paper.pdf
- * Moore, T.G. (2014). 'Maximising take-up of services.' Keynote presentation at Noah's Ark Staff Development Conference, Moonee Valley, 6th March.
- * Moore, T.G. (2013). 'Australian children and families: A status report.' Invited presentation at *ARACY Early Years Chapter Forum*, Melbourne, 2nd December.
- Moore, T.G. (2013). 'The nature and importance of quality in ECEC services: A child developmental perspective.' Presentation on at CCCH Professional Development Seminar *Why quality matters: service delivery and children's wellbeing* at Melbourne Convention and Exhibition Centre, Melbourne, 27th November.
- * Moore, T.G. (2013). 'Making the early years inclusive: how can we respond to all children's needs for meaningful participation.' Keynote presentation on at Noah's Ark / CCCH National Inclusion Conference *Reimagining Inclusion* at Melbourne Convention Centre, Melbourne, 6th November.
- * Moore, T.G. (2013). 'The NDIS and young children with developmental disabilities: Basic principles and major challenges.' Invited presentation at *Early Childhood Intervention Future Opportunities* forum hosted by Early Childhood Intervention Australia (Western Australia), Perth, 22nd October.
- * Moore, T.G. (2013). 'Place-based approaches to strengthening child well-being.' Invited presentation on at Berry Street's *The Good Childhood Conference 2013*, Melbourne, 11th October.
- * Moore, T.G. (2013). 'Promoting child social and emotional well being: what the evidence tells us.' Keynote presentation on at *City of Knox Early Years Conference*, Wantirna South, 20th September.
- Moore, T.G. (2013). 'Rethinking early childhood intervention services: Implications for policy and practice.' Workshop for Management Team, Child Development Services, Department of Health, Perth, WA, 19th March.
- * Moore, T.G. (2013). 'Supporting vulnerable children and their families: What does the current evidence tell us?' Keynote presentation at *City of Monash Early Years Conference*, Glen Waverley, 29th January.

- * Moore, T.G. (2012). 'Rethinking early childhood intervention services: Implications for policy and practice.' Invited presentation at Annual General Meeting of Early Childhood Intervention Australia (NSW), Sydney, 22nd November.
- Moore, T.G. (2012). 'Supporting vulnerable children and their families: What does the current evidence tell us?' Presentation on Centre for Community Child Health seminar on *Improving children's outcomes: Creating sustained change*, Melbourne, 31st October.
- Moore, T.G. (2012). Maximising 'take up': Forms of implementation fidelity. Paper presented at 1st Biennial Australian Implementation Conference *Making Change Happen* Melbourne Convention Exhibition Centre, 26th October.
- * Moore, T.G. (2012). Towards an integrated early childhood development profession: Challenges and opportunities. Invited paper presented at 2012 National Symposium on *Early Childhood Development: An Emerging Profession*, Adelaide, 25th September.
- * Moore, T.G. (2012). Rethinking services for children and young people with disabilities exploring the implications of recent research on how children learn. Keynote address presented at *SPOT on DD Conference*, Sydney, NSW, 11th September.
- * Moore, T.G. (2012). Rethinking early childhood intervention services: Implications for policy and practice. The *Pauline McGregor Memorial Address* to the 10th Biennial National Early Childhood Intervention Australia (ECIA) Conference and 1st Asia-Pacific Early Childhood Intervention Conference 2012, Perth, Western Australia, 9th August.
- * Moore, T.G. (2012). The neurobiology of interpersonal relationships and the implications for practice. Keynote address on University of Queensland's School of Social Work and Human Services Alumni Dinner, Brisbane. 24th July.
- * Moore, T.G. (2012). The impact of neighbourhood physical and social environments on child and family well-being. Invited presentation at Centre for Community Child Health Roundtable on *Place-based approaches to supporting children and families*, North Melbourne, 22nd March.
- * Moore, T.G. (2011). Rethinking early childhood intervention services: Implications for policy and practice. Keynote presentation at *Early Childhood Intervention Australia (ECIA) NSW State Conference*, Brighton le Sands, Sydney, 27th October.
- * Moore, T.G. (2011). The key worker model and transdisciplinary teamwork in early childhood intervention services: The Victorian perspective. Invited presentation at ECIA (VC) / DEECD seminar on *The Team Around the Child model*, Melbourne, 12th October.
- * Moore, T.G. (2011). Living in a complex world. Invited presentation on at Family Action Centre Colloquium on *Outreach and Integration in Family Services*, Newcastle, NSW 4th October.

- * Moore, T.G. (2011). Working with families: The neurobiology of helping relationships. Keynote presentation on Karitane Conference on *Relationships in 3D*, Sydney, 16th September.
- * Moore, T.G. (2011). How children learn and what it means for early intervention. Invited paper presented at Early Childhood Intervention Australia (Victorian Chapter) seminar on *Creating learning environments at home and in children's services*, Melbourne, 30th May.
- * Moore, T.G. (2011). Intensive home visiting for disadvantaged children: what works? Invited paper presented at Annual Forum of the Australian Research Alliance for Children and Youth, Sydney, 26th May.
- * Moore, T.G. (2011). Meeting the needs of vulnerable children in the early years: Progress and challenges. Invited paper presented at European Union-Australia Policy Dialogue on *Early Childhood Education and Care*, hosted by the Commonwealth Department of Education, Employment and Workplace Relations, Sydney, 11th April.
- * Moore, T.G. (2011). Leadership in early childhood services and systems. Keynote presentation at *Golden Plains Shire Children's Services Conference*, Bannockburn. 22nd February.
- * Moore, T.G. (2010). Outcomes-based planning and evaluation: What it involves and why it is important. Keynote address at *Strengths and Assets Summit 2010*, University of Newcastle, New South Wales, 2nd December.
- * Moore, T.G. (2010). Effective integration of services for children and families: Rationale and evidence. Invited presentation at *Indigenous Early Childhood Development Workshop*, ACT Department of Disability, Housing and Community Services, Canberra, ACT, 10th November.
- * Moore, T.G. (2010). Supporting siblings of children with disabilities: Evidence and practice. Invited presentation on *Siblings Victoria Professional Conference*, Parkville. 21st October.
- * Moore, T.G. (2010). Family-centred practice: Challenges in working with diverse families. Presentation at Northern Metropolitan Region ECIS Professional Development Day, Preston, 14th July.
- * Moore, T.G. (2009). Social climate change and children: Consequences, causes and cures. Invited presentation at Australian Research Alliance for Children and Youth (ARACY) Conference, *Transforming Australia for our children's future: Making prevention work*, Melbourne, 4th September.
- * Moore, T.G. (2009). Promoting emotional development in young children: Relationships and programs. Keynote presentation at *2nd Kilmany Foundations for Early Childhood Conference*, Monash University, Churchill Campus, 24th July.
- * Moore, T.G. (2009). The inclusion agenda in early childhood services: Evidence, policy and practice. Paper presented at DEECD Shared Learning Forum on *Universal Access to Early Childhood Education*, Melbourne, 22nd June.

- * Moore, T.G. (2009). Social inclusion for young children and their families: What we know and what we need to do. Keynote presentation at Communities for Children Kingston, Loganlea and Waterford West, *Birth to Three Matters Conference*, Gold Coast, Queensland, 28th May.
- * Moore, T.G. (2009). The nature and role of relationships in early childhood intervention services. Keynote presentation on at National Conference of the Early Intervention Association of Aotearoa New Zealand *Quality Practices: New Practices* Auckland. 30th March.
- * Moore, T.G. (2008). Beyond the evidence: Building early childhood intervention from the ground up. Invited Pauline McGregor Memorial address presented at the *8th Biennial National Conference of Early Childhood Intervention Australia*, Sydney, 21st October.
- * Moore, T.G. (2008). Fathers, families and early childhood services: New roles and expectations. Invited address to Cranbourne Communities for Children Conference *Is Your Service Father-Friendly?* 13th February, Cranbourne, Melbourne.
- * Moore, T.G. (2007). Outcomes-based early childhood intervention for young children with developmental disabilities and their families. Keynote presentation at New Zealand Early Childhood Convention 2007 *Pakiwaitara Stories of the Land* Rotorua, New Zealand 27th September.
- * Moore, T.G. (2007). Building integrated early childhood and family support services: An outcomes-based approach. Invited presentation at Marymead *What Works for Children Conference*, Canberra, 30th August.
- * Moore, T.G. (2007). Changing developmental trajectories: Conditions and resources for young children and families. Paper presented at CCCH / Ross Trust seminar on *How do neighbourhoods matter for children and youth?* Melbourne, 3rd July.
- * Moore, T.G. (2007). Effective services and service systems for young children and their families. Keynote presentation on Launceston East Tamar Communities for Children *Strengthening Skills and Service Systems Conference*, Launceston, 17th May.
- * Moore, T.G. (2007). Best Start action planning: Realising outcomes for children. Keynote presentation on Department of Human Services Best Start Conference *Partnership In Practice*, Melbourne, 20th March.
- * Moore, T.G. (2006). Parallel processes: Common features of effective parenting, human services, management and government. Keynote address at *First National Early Childhood Intervention Conference*, Penang, Malaysia, 18th November.
- * Moore, T.G. (2006). Creating the conditions to support positive child development and family functioning: The role of the built environment. Invited paper presented at joint Australian Research Alliance for Children and Youth / Griffith University Urban Research Program 2nd National Conference on Creating Child-Friendly Cities, Sydney, 30th October.

- * Moore, T.G. (2006). The challenge of change: Why services for young children and their families need to change, and how early childhood interventionists can help. Keynote presentation for the Gippsland Early Childhood Intervention Advisory Network (GECIAN) 2006 Conference *Managing Change* Traralgon, 24th October
- * Moore, T.G. (2006). Parallel processes: Common features of effective parenting, human services, management and government. Keynote address presented at *Tasmanian Research Network Conference on Relationships ... Where Learning Begins*, Hobart, 7th October.
- Moore, T.G. (2007). The nature and role of relationships in early childhood intervention services. Paper presented at 2nd International Conference of the International Society on Early Intervention, Zagreb, Croatia, 14-16th June.
- * Moore, T.G. (2006). Building inclusive communities for all young children and families. Invited address at *Kindergarten Parents Victoria 2006 Early Education Conference*, Melbourne, 2nd June.
- * Moore, T.G. (2006). Parenting programs: What works? Keynote address presented at *Launceston East Tamar Communities for Children Site Conference*, Launceston, Tasmania, 4th May.
- * Moore, T.G. (2006). Building partnerships: A process for change. Invited presentation at *Launceston East Tamar Communities for Children Site Conference*, Launceston, Tasmania, 3rd May.
- * Moore, T.G. (2006). Relationship-based practice: Effective partnerships and helping in human services. Invited address presented at *Building Partnerships Supporting Families*, a forum auspiced by the Department of Health and Human Services and Our Kids Bureau, Hobart, Tasmania, 27th March.
- * Moore, T.G. (2006). Parallel processes: Common features of effective parenting, human services, management and government. Invited address on 7th National Conference of Early Childhood Intervention Australia, Adelaide, 6th March.
- * Moore, T.G. (2006). Building inclusive communities for all children and families. Invited paper presented at Kindergarten Parents Victoria / Lady Gowrie Child Centre 2006 Early Childhood Education Conference, Melbourne, 2-3 June.
- * Moore, T.G. (2005). What is research telling us about the best outcomes for children? What do we need to do? Keynote address presented at Anglicare Victoria Conference, Melbourne, 27-28th October.
- Moore, T.G. (2005). Evolution of early childhood intervention practice. Paper presented at Early Childhood Intervention Australia (VC) Consultative Forum on *Moving Towards Outcomes in Early Childhood Intervention How do We Do This?*, Melbourne, 14th October.
- * Moore, T.G. (2005). Changes and challenges: Rethinking services for children and families, and the implications for specialist disability services. Keynote address at *Symposium on Principles of Early Childhood Practice*, organised by Montrose Access / Cerebral Palsy League of Queensland, Brisbane, 22nd July.

- Moore, T.G. (2005). Improving support for families of young children: The role of communities. Paper presented at *9th Australian Institute of Family Studies Conference*, 9th-11th February, Melbourne.
- Moore, T.G. (2005). What do we need to know to work effectively with young children and their families?: Towards a core curriculum. Paper presented at *9th Australian Institute of Family Studies Conference*, 9th-11th February, Melbourne.
- Moore, T.G. (2004). Outcomes in early childhood intervention: The historical, policy and research context. Paper presented at ECIA (VC) Consultative Forum on Developing Outcomes in Early Childhood Intervention, Melbourne, 14th May.
- * Moore, T.G. (2004). Blazing new trails: Finding the most direct routes in early childhood intervention. Invited address to *6th National Conference of Early Childhood Intervention Australia*, Melbourne, July.
- Moore, R.E. and Moore, T.G. (2003). Working with families of children with developmental disabilities: What makes professionals effective. Paper presented at 1st First International Congress of the International Society on Early Intervention, Rome, September.
- Moore, T.G. (2003). The relationship between early childhood intervention and other human services: In search of a new paradigm. Paper presented at 1st International Congress of the International Society on Early Intervention, Rome, September, 2003.
- * Moore, T.G. (2003). Partnerships in early childhood services: why we need them, how to build them, and who should we build them with. Keynote presentation given at Northern Territory Children's Services Conference, *Weaving Our Children's Voices*, Darwin.
- *Moore, T.G. (2003). Research findings on child development with specific reference to Indigenous children and communities. Invited paper at SNAICC National Indigenous Child Welfare and Development Seminar, *Our Future Generations*, Melbourne.
- * Moore, T.G. (2003). Challenges facing specialist and general human services: Identifying a way forward for specialist disability services. Keynote presentation given at Spot On DD Conference, *Looking Forward, Looking Back*, Randwick Racecourse, Sydney, 31st July.

http://www.rch.org.au/emplibrary/ecconnections/Spot On Conference.pdf

McLoughlin, J. and Moore, T.G. (2002). Using technology to support practitioners engage in family-centred practice. Paper presented at 5th National Conference of Early Childhood Intervention Australia, Hobart.

Moore, T.G. (2002). The challenges facing early childhood intervention and mainstream early childhood services: Seeking a common way forward. Paper presented at 5th National Conference of Early Childhood Intervention Australia, Hobart.

Moore, T.G. (2002). Review of the research evidence on early child development. Paper presented at *National Meeting on Early Childhood Systems*, Melbourne, 25th

November.

http://www.rch.org.au/emplibrary/ecconnections/Child_develop_evidence.pdf

Oberklaid, F. and Moore, T.G. (2002). Effective early intervention. Paper given at *Futures for Australian Children*, Annual Conference of Children's Welfare Association of Victoria, LaTrobe University, Melbourne.

Hua, M., Moore, T.G. and Green, J. (2002). Use of generic early parenting services by families of children with developmental disabilities and delays: parents and service provider perspectives. Paper given at *The Critical Early Years*, 2nd National Queen Elizabeth Centre Conference, Melbourne.

Moore, T.G. (2001). Beyond inclusion: Towards a universal early childhood service system. Paper presented at *Promoting the Positive*, 17th Annual Conference of Early Childhood Intervention Australia (Victorian Chapter), Melbourne, September.

Moore, T.G. (2001). Early childhood intervention: What we know and what we need to know. Paper presented at *16th State Conference of Early Childhood Intervention Australia (NSW)*, Sydney, August.

Moore, T.G. (2001). More the same than different: What we can learn from including children with disabilities in mainstream early childhood programs. Paper presented at *Excellence For Children* Conference of the Australian Early Childhood Association (in association with the National Investment for the Early Years), University of New South Wales, Sydney, 18th – 21st July.

Moore, T.G., Green, J., Duffie, J. and Martin, A. (2001). Improving outcomes in the first three years of childhood: Analysing services and needs of young children and their families. Paper presented at *Excellence For Children* Conference of the Australian Early Childhood Association (in association with the National Investment for the Early Years), University of New South Wales, Sydney, 18th – 21st July.

Moore, T.G. (2000). Early childhood intervention in the new millenium: What we know and what we need to know. Plenary paper given at 16th Annual Conference of Early Childhood Intervention Australia (Victorian Chapter), Melbourne, October.

Moore, T.G. (2000). The importance of early childhood intervention: Recent developments. Paper presented at *Forward Thinking: Developing a Vision for the Future of Early Childhood Services in Victoria,* a Forum organised by the Centre for Community Child Health, Association for Children with a Disability, and Early childhood Intervention Australia (Victorian Chapter), August 2000.

Moore, T.G. (2000). Behaviour management and child empowerment: Setting limits and setting them free. Workshop given at *4th National Conference of Early Childhood Intervention Australia*, Brisbane, July.

Moore, T.G. (2000). Outcomes for deaf and partially hearing children: Towards a new synthesis. Paper given at 19th International Congress on Education of the Deaf, Sydney, July.

- Roberts, J., McDermott, G., O'Loughlin, P. and Moore, T.G. (2000). Best practice in early intervention for deaf and partially hearing children. Paper given at 19th International Congress on Education of the Deaf, Sydney, July.
- Moore, T.G. (1998). The contexts of early childhood intervention: Public resources and private resourcefulness. Paper given at 3rd National Conference of the Australian Early Intervention Association, Sydney, September, 1998.
- Moore, T.G. (1996). Promoting the healthy functioning of young children with developmental disabilities and their families: The evolution of theory and research. Invited paper given at *Australian Rotary Health Fund Symposium*, Canberra, May.
- Moore, T.G., Garwoli, E. and Stewart,R. (1995). Promoting parent-child partnerships: The role of visual communication. Paper given at 11th Annual Conference of the Australian Early Intervention Association (Victorian Chapter), Melbourne, August.
- Moore, T.G., Tinworth, S. and Ihsen, E. (1994). Training early intervention workers: Current status and future directions. Paper given at 1st National Conference of the Australian Early Intervention Association, Adelaide, March.
- Moore, T.G., Roberts, J. and O'Loughlin, P. (1994). Hallmarks of excellence in early intervention programs for deaf and partially hearing children. Paper given at the *Australian and New Zealand Conference for Educators of Deaf Stude*nts, Sydney, January.
- Moore, T.G. (1993). Changing children and changing families. Talk given as part of Early Intervention Seminar, Melbourne, October.
- Moore, T.G. (1993). Changing aims and changing outcomes in early intervention: Implications for evaluation. Paper given at 9th Annual Conference of the Australian Early Intervention Association (Victorian Chapter), June.
- Moore, T.G. (1993). Early intervention and special education: A growing cultural divide. Paper given at 17th National Conference of the Australian Association of Special Education, Melbourne.
- * Moore, T.G. (1991). Empowering families: An overview. Keynote address given at 5th Annual Conference of the Early Intervention Association of South Australia, Adelaide, September.
- * Moore, T.G. (1990). Developing a comprehensive service system for supporting families of young children with disabilities and developmental delays. Plenary address given at 6th Annual Conference of the Australian Early Intervention Association (Victorian Chapter), Melbourne, September.
- Moore, T.G. (1989). The efficacy of early intervention. Paper presented at *Annual Conference of the Association for the Study of Intellectual Disability*, Hobart, August.
- Moore, T.G. (1987). Assessment and special education: implications of recent changes in policy and practice. Paper presented at 12th National Conference of the Australian Association of Special Education, Melbourne, October.

Moore, T.G. (1987). Factors that determine school readiness. Paper given at *Inaugural State Conference of the Australian Early Childhood Association, Victorian Branch*, Melbourne, September.

Moore, T.G. (1986). Measuring self-processes in school-age children. Paper presented at *3rd Australasian Personal Construct Psychology Conference*, Melbourne.

Moore, T.G. (1984). Early intervention with handicapped children: Aims and methods. Paper presented at *Victorian Department of Education Student Services Conference*, Melbourne, August, 1984

Moore, T.G. and Sullivan, D. (1982). Normalisation of services for intellectually handicapped young people. Paper presented at Victorian Department of Education Counselling, Guidance and Clinical Services Conference, Melbourne, November, 1982.

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