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Teens and Beyond Program Evaluation

Final report for the
Association for Children
with Disability

Parenting Research Centre

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Disclaimer

The material in this report is the responsibility of the Parenting Research Centre and reflects findings from the Teens and Beyond Evaluation.

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The Parenting Research Centre

The **Parenting Research Centre** helps children thrive by driving new and better ways to support families in their parenting. As an independent, not-for-profit organisation, we help governments and community organisations in the fields of health, education and welfare put the best evidence on parenting support into action.

We help them find practical solutions by:

- Making evidence more accessible and useful through synthesising, translating, and exchanging knowledge.
- Supporting the design and implementation of parenting practices, programs and services that are innovative, effective, sustainable, and evidence-based.
- Conducting rigorous applied research that helps them evaluate and improve the quality of their policies, programs, and services.

Acknowledgements

Abbreviations

Abbreviation	Complete term
ACD	Association for Children with Disability
ANOVA	Analysis of variance
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Service
PRC	Parenting Research Centre
SPSS	Statistical Package for Social Sciences
YDAS	Youth Disability Advocacy Service

Glossary

Term	Definition
ANOVA	Analysis of Variance tests whether there are significant differences between group means.
Bonferroni correction	Applied in analysis when there are multiple, simultaneous tests on the same data, adjusting probability values to reduce the risk of a Type 1 error (falsely rejecting the null hypothesis). Used in this evaluation whenever multiple comparisons were made.
Greenhouse-Geisser correction	Improves F-statistic accuracy in detecting significance when sphericity assumptions are violated.
Me as a Parent Scale (MaaPs)	A 16-item scale measuring parent self-regulation, encompassing self-efficacy, personal agency, self-management and self sufficiency. A validated 4-item short-form was used in the current evaluation.
Multiple Comparisons	Multiple comparisons are conducted to determine where significant differences exist between groups.
Outcome evaluation	Assesses the degree to which the program achieves intended changes in the targeted outcomes.
Parent self-efficacy	The belief about being able to perform a parenting task effectively.
Post-session	Refers to the end of any of the three sessions comprising the Teens and Beyond program.
Post-workshop	Refers to the completion of the Teens and Beyond program.
Process evaluation	An evaluation to determine if the program activities were implemented as intended, the barriers and facilitators to implementation, the quality of implementation.

Term	Definition
Scale reliability	Refers to a set of items in a scale and the extent that they are closely related. High reliability indicates they are closely related and likely to be measuring the same underlying construct. We used Cronbach's Alpha Coefficient to assess reliability.
Statistical significance	The likelihood that a change in a variable has occurred by something other than chance. In this evaluation, the comparison of results across time suggests that significant changes can be attributed to the intervention. A conservative significance level of $p < .001$ was used, however small significant changes at a $p < .05$ were also reported.
Thematic analysis	Commonly used to analyse qualitative data (non-numerical data). In this project it refers to identifying, analysing and interpreting patterns of meaning arising from information collected during interviews.
Zoom Meeting	An online software platform for video conferencing meeting.

Contents

Executive Summary

Background

The Parenting Research Centre was engaged by the Association for Children with Disability to independently evaluate the Teens and Beyond Program, designed to build family capacity to support their adolescent with disability.

After initial pilot testing, Teens and Beyond was rolled out to families in Victoria to enhance parental self-advocacy skills, confidence, and sense of empowerment as they supported their adolescent's increasing independence. The program content was also designed to normalise family experiences in an environment of shared lived experience and to foster positive aspirations for their adolescent's future.

The content of the Teens and Beyond program comprises six key areas tailored to the adolescent stage of development, including:

- post-school opportunities
- financial support
- risk-taking and decision-making
- future planning
- relationships
- mental health

The National Disability Insurance Agency funded the development of Teens and Beyond, which was developed by the Association for Children with Disability in consultation with the Youth Disability Advocacy Service. Following a successful pilot of the program, Teens and Beyond has been delivered across three rounds of workshops to a total of 10 groups of parents[1] of adolescents with disability. While initially intended for in-person delivery, workshops were conducted online due to public health restrictions as a result of the COVID-19 pandemic and were co-presented by two experienced facilitators. Parents were invited to attend three two-hour workshops across three consecutive weeks.

Evaluation approach

The evaluation of Teens and Beyond was developed by the Parenting Research Centre with the objective to examine the program's implementation and determine if it was associated with improved outcomes for parents across a range of targeted outcome variables. Targeted outcomes included parent self-efficacy, self-advocacy skills, confidence to support a teen with growing independence, improved confidence in adolescent self-advocacy, hopes and aspirations, and sense of empowerment.

To achieve this, a mixed method design was employed, incorporating both quantitative and qualitative data collection methods. Core evaluation activities included collaboration between the Parenting Research Centre and Association for Children with Disability to select and/or develop in-house measures to capture outcome variables of interest, and the development of outcome and implementation surveys. The subsequent data collection period spanned June 2021 to November 2022.

To evaluate the impact of the program over time, and progress towards intended outcomes, parents were asked to complete a survey at baseline, post-program, and six months after completion of the program (follow-up). Parents and staff were also invited to participate in in-depth interviews to evaluate the program's implementation based on acceptability, usefulness and satisfaction with the program's content, delivery, and processes.

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[1] The term 'parent' used throughout this report is inclusive of parents and carers.

Results

A total of 160 caregivers took part in the outcome evaluation. Initial post-program improvements were found on all outcomes except parent hopes and expectations for their adolescent's future independence. There were also significant and sustained improvements six months post-program in parenting self-efficacy, parent confidence to support their adolescent's independence, and parental sense of empowerment.

The process evaluation involved in-depth interviews with 11 parents, while 158 parents participated in post-session feedback surveys. A summary of the key findings from the process evaluation is presented below.

Parent satisfaction with Teens and Beyond	Positive parent experiences of Teens and Beyond
→ The workshops are relevant, practical and informative → Parents feel empowered, inspired and validated by the workshops → Parent satisfaction is impacted by adolescent disability and severity	→ Co-facilitators with lived experience → Motivational and inspiring → Buffers against parenting challenges → Validated parents' behaviours → Online modality (convenient, enabled online resources)
Relevance and helpfulness of program content	**Negative parent experiences of Teens and Beyond**
→ Generalizable across most disabilities → Actionable content and material → Relevant topics → Practical and helpful directory of information from a trusted source → Adolescent focus was uniquely valuable	→ At times it was content 'heavy' and fast-paced → Social connection online can be challenging
Impact of Teens and Beyond	**Engagement facilitators**
→ Motivated practical change and action → Contributed to new routines → Increased knowledge and confidence → Increased sense of connection	→ Online access (especially regional parents) → Trusted reputation of ACD → Quality of content → Range of session times and no cost
Engagement barriers	
→ Distraction in the home → Time commitment to participation → Volume of content left little time to connect	

Implications

The findings indicate that Teens and Beyond is associated with a range of positive outcomes for parents, implemented with fidelity and sensitivity to the intended beneficiaries, and with sustained benefits across several targeted outcomes. The main strengths of the program were identified as:

- Co-facilitation model of program delivery
- Practical content and material (e.g., web links)
- Use of narratives and lived experience of the facilitators delivering the program
- Visualisations (diagrams, pictures, video)
- Credible messages and the reputation of Association for Children with Disability
- Clear actionable messages

Several areas were identified for program improvement, including a fourth 'follow-up' session for consolidating information and providing further opportunities for connection. Additional topics for consideration include tailored sessions around 'invisible' disabilities as well as low-functioning disabilities, siblings of adolescents with disability, voting, and adolescent behavioural concerns. It is possible that a fourth, optional session could meet some of these needs.

Introduction

The purpose of this report is to present to the Association for Children with Disability (ACD) the findings from the process and outcomes evaluation of Teens and Beyond, a program developed by the ACD, and implemented in Victoria between June 2021 and December 2022.

The Parenting Research Centre (PRC) was engaged by the ACD to conduct an evaluation of the Teens and Beyond program, which was developed in late 2020 by ACD in consultation with the Youth Disability Advocacy Service (YDAS) and funded by the National Disability Insurance Agency (NDIA). These consultations informed the content and delivery of the program as part of an iterative process of discussion and feedback with practitioners and parents. In March 2021 the ACD commenced a pilot of the program to consolidate and refine the content and delivery procedure, prior to its rollout in June 2021.

ACD has a strong history delivering workshops across metropolitan and regional Victoria including Gippsland, Geelong, and Ballarat. ACD has also been working in partnership with Inspired Carers, who for over 20 years has had a successful track record in service delivery in northern Victoria including Shepparton, Bendigo, and Wodonga.

While there are existing programs supporting parents with younger children with a disability, ACD identified a need for targeted support of parents of adolescents. This cohort experiences unique parenting challenges, with adolescents entering a stage of development in what is often a rapid transition toward independence. Parents of adolescents with disability may encounter a wide range of situations requiring additional support as they help their teen navigate greater independence, or expectations of independence. These parents face the challenge of needing to adapt to age-related changes in support provided by government services, education, and personal relationships, and their teenager's independence may further be impacted by their level of functioning and capacity to begin accessing their own support.

In Victoria, approximately a quarter of adolescents (24% of children aged 7 to 14 years, and 28% of children aged 15-18 years) (PRC, 2023) are reported to have developmental concerns, based on parent report. This includes a wide range of developmental delays or disabilities, including sensory disabilities, learning difficulties, speech and language delays, behavioural or conduct concerns, intellectual disability, Autism Spectrum Disorder (ASD), and anxiety and depression. In our 2022 survey of parents in Victoria, we found high (that is, clinical or serious levels) of psychological distress in 18% of parents of 15–18-year-olds who had developmental concerns (PRC, 2023). This can be compared to 14% of parents of younger children (7-14 years) with developmental concerns and 7% of parents more broadly (i.e., parents of children with and without complex needs) (PRC, 2023). Results also revealed that parents of children aged 15-18 years with developmental concerns are more likely to "worry a lot" compared to other parents with children the same age. Higher levels of stress and lower quality of life for parents of adolescents with disability is well documented in the literature (Blacher & Baker, 2019; Hayes & Watson, 2013) and these findings are similar regardless of metropolitan or regional location (Parsons et al., 2020). This indicates there is strong need for directing support to parents with adolescents with disability, with the goal of enhancing parent capacity to manage increased challenges during this period of their child's development.

Teens and Beyond Program

The broad goal of the Teens and Beyond program is to build the capacity of families across Victoria to support their young family member with a disability. One of the primary goals of the program is to enhance parent skills and confidence to support their adolescent's increasing independence, and to normalise these experiences by providing information about adolescent development in a context of shared lived experience and support. The content of the program was developed with a focus on increasing positive aspirations and self-advocacy skills for families supporting their teen through this important life stage.

This evaluation explored the implementation and impact of workshops delivered to ten groups of parents: three groups in June 2021, four groups in October 2021, and three groups in May 2022. While workshops were initially intended to be offered via both online and face-to-face formats, all workshops informing this evaluation have been conducted via Zoom due to public health restrictions and health concerns associated with the COVID-19 pandemic.

Parents participated in three intensive, facilitated group sessions during business hours, evenings, or weekends, with a duration of 2.5 hours per session, and a maximum of 20 parents in each workshop. Sessions were co-facilitated by two experienced facilitators, each with lived experience raising an adolescent with disability. Facilitators also had a range of tertiary qualifications in relevant fields (e.g., Master of Education in Special Education, Inclusion and Early Intervention), and professional experience in the disability sector supporting families (e.g., as MyTime[2] facilitators; parent support telephone helpline advisor for ACD).

Workshop content spanned six topics specific to the adolescent stage of development, including post-school opportunities, financial support, risk-taking and decision-making, future planning, relationships, and mental health. Feedback from parents during the development of the program showed parent preference to attend three longer sessions as opposed to six shorter sessions. To facilitate engagement across workshops and minimise the risk of eliciting adverse reactions, some of the more potentially sensitive topics were embedded across different sessions, and as such the information was deliberately not presented in chronological order of adolescent developmental stage. The ACD's iterative process of program development, including discussions and feedback from professionals and parents, provided the rationale for this approach.

Evaluation of the Teens and Beyond Program

Given the significant caring requirements of parents of children and adolescents with disability, the evaluation of programs designed to support and build parenting capacity in this context is important. An evaluation can help to pinpoint program components that are effective in strengthening parental capacity and identify areas that are ineffective or require further development.

This evaluation was designed to analyse and report on the implementation and outcomes of the Teens and Beyond program. The aim of this evaluation was therefore to:

- Examine the implementation of the ACD's program and processes over time
- Determine if the program is associated with improved outcomes in parent capacity to support their adolescent's increasing independence.

The process evaluation was conducted by exploring program fidelity, and facilitators and barriers to implementation, via interviews with Teens and Beyond program facilitators. Parents attending the program were also invited to be interviewed and surveyed for their feedback. The process evaluation assists in establishing which factors support or impede program effectiveness, and whether these factors may be impacting intended outcomes.

Outcome evaluation variables were selected for their ability to measure the intended outcomes of the program, including increased parental empowerment, aspirations for their adolescents with disability, parenting self-efficacy and self-advocacy skills, perception of adolescent self-advocacy, and confidence to support their adolescent's independence. These were identified as important outcomes in capacity building and support of parents raising an adolescent with disability and have been shown in the literature to be malleable to intervention and associated with improved long-term outcomes for families (Damen et al., 2021; Sofronof & Farbotko, 2002; Whiting et al., 2019; Wittkowski et al., 2016). The methodology of each aspect of the evaluation is described in further detail below.

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[2] MyTime supports parents and carers of children with disabilities by connecting them to groups where they can share ideas and access quality information and resources: https://www.mytime.net.au/

Methods

Evaluation design

The evaluation employed a mixed method, treatment only design, incorporating qualitative data collection via in-depth interviews with parents and ACD staff; and quantitative approaches including a range of brief online parent surveys assessing workshop satisfaction and outcome measures at pre, post, and six months follow-up.

The following key questions informed the evaluation's methodology:

1. What are the barriers to and facilitators of the implementation of the Teens and Beyond program from staff perspectives?
2. What are the barriers to and facilitators of the implementation of Teens and Beyond from parents' perspectives?
3. What is the parental experience with participation and attendance in the program, the program's content, and satisfaction with the program?
4. What are the benefits of the program in relation to targeted outcomes for families?

Due to a paucity of validated measures for use in a population of parents of adolescents with a disability, survey items were developed in-house through consultation with the ACD and developed with sensitivity to the unique challenges faced by parents supporting a teenager with disability. Some of the considerations in this process included scale brevity to minimise burden on the parent, and wording survey items with compassion and understanding to reduce their potential to negatively impact parent well being. One validated measure deemed suitable for this parent population and therefore included in the outcome evaluation is the MaaPs-SF (Matthews et al., 2022; Parenting Research Centre, 2017), a short-form of the 16-item Me as a Parent scale (Hamilton, Matthews, & Crawford, 2015), designed to assess parental self-efficacy. This evaluation was approved by the PRC's NHMRC accredited Human Research Ethics Committee (app62).

Outcome Evaluation

The objective of the outcome evaluation was to measure the benefits of the program in relation to intended and targeted outcomes for families. This component of the evaluation was conducted via brief surveys to assess changes across outcomes over time.

The following seven variables were assessed by brief parent self-report survey at baseline (prior to the commencement of the first workshop), post-workshop (at the conclusion of the third, final workshop), and at six-month follow-up:

- Parent self-efficacy
- Parent self-advocacy skills
- Parent perception of teen's self-advocacy potential
- Parent capacity to support teen's growing independence
- Parents' hopes and aspirations for their teen
- Parent confidence to discuss sensitive topics (i.e., puberty, sexual relationships) with their teen
- Parent sense of empowerment

Process Evaluation

The purpose of the implementation, or process, evaluation was to understand the barriers and challenges to program implementation, including variables that facilitated and strengthened the program's implementation.

The process evaluation of the Teens and Beyond model was evaluated by reviewing the following factors:

- Program implementation fidelity (via staff interviews)
- Barriers and facilitators to implementation of the program (via parent and staff interviews)
- Parent experience and satisfaction with the program
- Parent views on acceptability and usefulness of the program

These variables were assessed using a combination of post-session online surveys to capture parent views about workshop acceptability and satisfaction, and in-depth, semi-structured interviews.

Sample Characteristics

Participants were informed of the evaluation at the time of their program registration in the Teens and Beyond workshops. Eligibility to participate in the evaluation was open to all parents in attendance in at least one Teens and Beyond session, as a parent of an adolescent with disability. Parents were also required to have access to the Internet as workshops were held online and surveys were administered using FormAssembly, a secure online data collection platform. No incentives were offered to parents for participating in the brief online surveys however, parents who participated in the in-depth interviews were offered a $30 gift voucher as a token of appreciation.

Survey sample characteristics

A total of 160 parents took part in the outcome surveys at either pre, post, and/or follow-up, while 158 parents took part in the post-session surveys. The average duration of completion of the outcome survey was 4.86 minutes at baseline (n = 135) and 5.31 minutes at follow-up (n = 35). Demographic data was collected in outcome surveys, with limited demographic information gathered in parent interviews.

The mean age of parents was 47.6 years (SD = 6.25, n = 139). Most participants identified as female (96%). Most were biological parents of the adolescent (88%), while one participant was a non-biological parent, one a foster parent, and one a stepparent. One parent reported being Aboriginal but not Torres Strait Islander, and 24% of the sample comprised parents from a culturally and linguistically diverse background. Most participants reported a post-secondary education (91.2%), being 28.7% with a bachelor's degree, 15% with a Graduate Diploma, and 10.6% with a Masters or PhD. Part-time paid employment (31.3%) and home duties / carer of children (30.6%) were the most common work activities, followed by full-time paid employment (13.1%). Parenting or family support services were in current receipt by 51.2% of the sample, and this was generally in the form of NDIS support (n = 29), carers payment (n = 19) or a respite or home care service (n = 19).

The average age of adolescents was 14 years 11 months (SD = 1.74, n = 143), with 63.7% male, and 1.9% reporting as non-binary or gender diverse. Adolescent primary disability reported by parents is presented in Figure 1. Parents also reported deafness/blindness as their adolescent's primary disability (n = 1) and 'other' (n = 1).
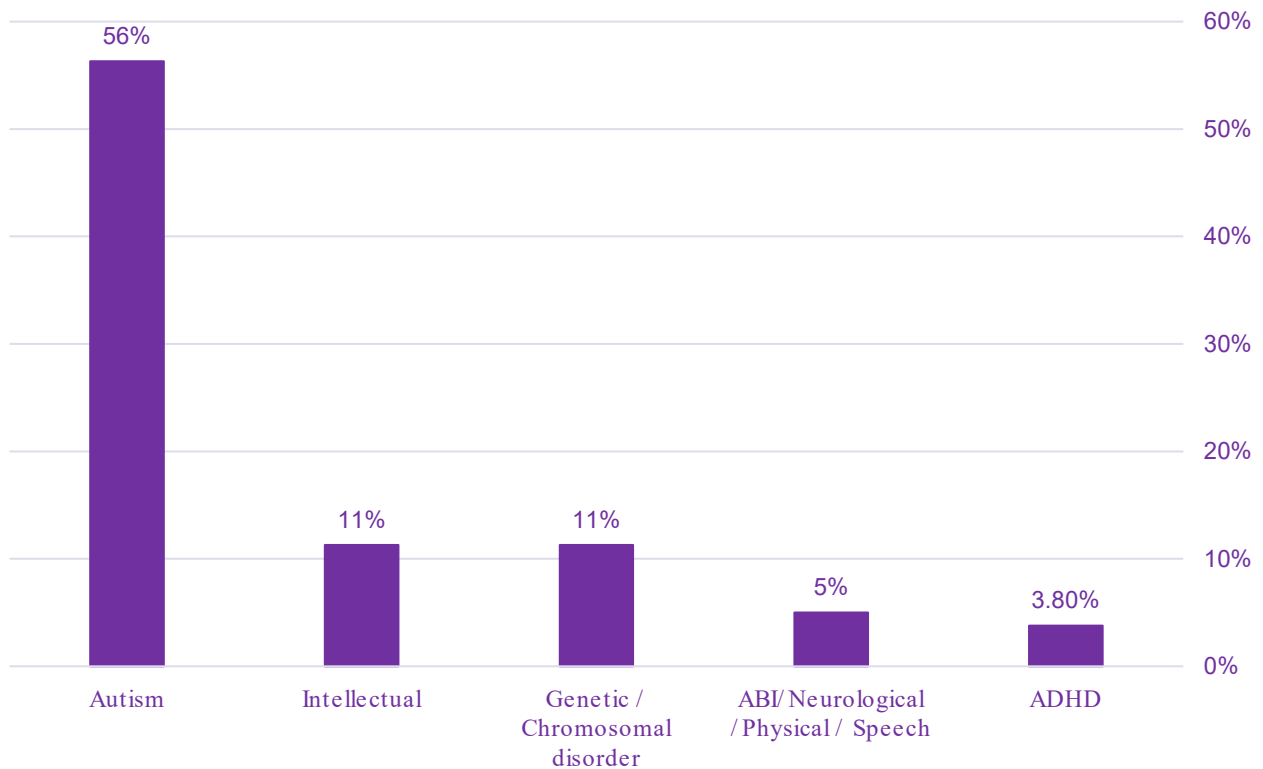
Figure 1. Adolescent primary disability

Interview sample characteristics

Of the eleven parents taking part in interviews, autism was reported as the main adolescent disability in over half the families (n = 6), followed by Down Syndrome (n = 3) and intellectual disability (n = 2). Seven parents had two children, three parents had three children and one had four children. Geographical location was provided by nine interviewees, with over half residing in rural areas (n = 6), and three in metropolitan Melbourne.

Procedure

Registration targets were met at each of the program rounds in June and October 2021, and May 2022, with enrolments of between 16 and 35 parents. Registration and retention rates by group, weekday, time of day and session number are presented below in Table 1.

All parents enrolled in the Teens and Beyond workshops were invited to participate in the evaluation and were emailed an Information Statement before attending the first session. Prior to the delivery of the first workshop, facilitators provided a brief overview of the evaluation to ensure parents had a clear understanding of what would be involved if they decided to participate, and the voluntary and confidential nature of participation. It was also emphasised that participation would not impact access to the Teens and Beyond program, or any future ACD program opportunities.

Table 1. Workshop registration (*N*) and retention rates (%)

Session	JUN 2021			OCT 2021				MAY 2022		
	Tue PM** (*N*=29)	Tue AM* (*N*=27)	Sat AM* (*N*=21)	Thu PM** (*N*=24)	Tue PM** (*N*=35)	Wed PM** (*N*=18)	Tue AM* (*N*=32)	Tue AM* (*N*=16)	Tue PM** (*N*=33)	Wed AM* (*N*=16)
Week 1	72%	70%	48%	79%	46%	44%	72%	100%	58%	75%
Week 2	59%	52%	24%	58%	49%	44%	50%	56%	39%	44%
Week 3	52%	41%	29%	38%	29%	44%	44%	62%	45%	31%

N = 251, the total participation rate in the Teens and Beyond Program

* AM denotes a workshop time commencing between 9am-noon

** PM denotes a workshop commencement time in the evening, after 5pm

Outcome evaluation surveys

A link to the survey was distributed to the group in the chat function of Zoom and parents were given five minutes to complete the survey. This time was built into the workshop, and parents who decided not to participate were not required to fill in the survey. Participants were asked to create their own unique identifier using the last four digits of their mobile phone number. This was believed to provide a balance between anonymity and a source of relatively static information over the course of the six-month data collection period. Survey responses were saved within FormAssembly, and uploaded by ACD staff to a shared, restricted access folder on the PRC's server.

Steps were taken to minimise the risk of missing data, including the provision of additional time to complete the survey before and at the end of workshops, and two reminder emails sent by the ACD for follow-up survey data. All direct contact with survey participants was managed by the ACD.

The Teens and Beyond workshops were delivered to participants once per week over three consecutive weeks, and each dependent variable was measured at baseline prior to session attendance, at post immediately after the final session, and again six months later. Of the 160 parents taking part in the evaluation, 81 participated in one survey, 57 took part in two of the surveys, and 22 completed all three surveys. Table 2 displays the breakdown of survey participation rates across workshops.

Table 2. Survey participation rates across Teens and Beyond program

SURVEY COMPLETION TIME POINT	PARTICIPATION N=160	
	N	%
Baseline survey only	65	40.6
Post Program survey only	15	9.4
Follow-up survey only	1	0.6
Baseline and Post-Program survey	41	25.6
Baseline and Follow-up survey	11	6.9
Post-program and Follow-up surveys	5	3.1
Baseline, Post-Program and Follow-up surveys	22	13.8

Staff Interviews

ACD management provided Teens and Beyond facilitators with the interviewer's contact details and asked them to make contact directly to express their interest in being interviewed. Interviews were conducted via the online conferencing platform Zoom and took approximately 30 minutes. The interviewer reminded staff about the confidential and voluntary nature of the interview and sought verbal permission to record the interview. Staff could also elect to have the video on or off. Interviews were subsequently transcribed by Otter.ai, an automated transcription software. Interview transcripts are anonymous and only accessible by the interviewer, with data protected by two-factor authentication. Interview transcripts were reviewed by a second PRC project member for accuracy and saved on the PRC's secure cloud server.

Parent Interviews

Parents were invited by facilitators to take part in interviews during workshops and were informed that interviews would be conducted by the PRC, an external organisation. Parents who expressed interest in being interviewed provided their email address in an online form, and these details were emailed to the PRC to make direct contact with parents. A PRC project member contacted parents to confirm their interest and provide a link to a booking calendar using Doodle scheduling software. An Information Statement and Consent Form was also provided to parents at this stage of the process. Parent interviews took approximately 30 minutes and were conducted online using Zoom. The interviewer summarised the Information Statement, reiterating the voluntary and confidential nature of participation. With participant consent, interviews were recorded and later transcribed by the interviewer. Interview recordings were saved on the PRC's secure cloud server.

Measures

The evaluation comprised a series of brief online surveys and in-depth interviews with parents and staff. The following provides a summary of the measures used across both the process and outcome evaluation.

Demographic Information

Demographic data was collected in parent outcome surveys to describe the sample and assist the matching of surveys across time. The demographic information collected included parent gender, age, cultural background, Aboriginal or Torres Strait Islander identity, education background, employment status, and whether family or disability support services were being accessed. Parents were also asked about their adolescent's primary disability, age, and gender.

Outcome Evaluation Surveys

Parents were asked to respond to 20 survey items on a 5-point Likert scale from 1 = Strongly Disagree to 5 = Strongly Agree (see Appendix A), completing a total of seven scales measuring parent self-efficacy (4 items), parent self-advocacy (3 items), perception of teen's self-advocacy potential (2 items), capacity to support teen's growing independence (6 items), parental hopes and aspirations for their teen's future (2 items), confidence to discuss sensitive topics with their teen (2 items), and parental empowerment (1 item).

Most measures were designed in-house during consultation between ACD team leaders and the research team at PRC, and overall, these measures displayed sufficient to excellent internal consistency (see Table 3) indicating that the items were homogenous and reflecting a shared underlying concept.

Table 3. Internal consistency of outcome survey scales*

Scale (number of items)	Baseline	Post	Follow-up
Me as a Parent Scale (4)	0.75	0.82	0.79
Parent self-advocacy (3)	0.54	0.70	0.54
Perception of teen self-advocacy (2)	0.74	0.90	0.85
Capacity to support teen growing independence (6)	0.79	0.86	0.86
Parental hopes and aspirations for future (2)	0.83	0.88	0.87
Confidence to discuss sensitive topics with their teen (2)	0.83	0.86	0.89

Note. Internal consistency was calculated using Cronbach's Alpha (α)

*Parental empowerment was excluded because Cronbach's alpha coefficient can only be calculated on scales with two or more items

$N = 160$ (outcome evaluation participants)

Process Evaluation Post Workshop Survey

Brief post-workshop surveys ($N = 158$) comprising 6 items on a Likert scale from 1 = Strongly Disagree to 5 = Strongly Agree were administered to parents at the completion of each session (Appendix B). Surveys also contained two open ended questions, asking parents for feedback on whether they enjoyed the session, and whether they had any other feedback for the ACD. Given the post-workshop was designed to measure an underlying construct, satisfaction with the workshop, internal consistency was assessed for all six items, revealing strong consistency amongst items at session 1 ($\alpha = .82$), session 2 ($\alpha = .90$) and session 3 ($\alpha = 92$).

An additional 5 items were included in the post-workshop survey at sessions 1 and 2, assessing helpfulness and acceptability of the workshops. Strong internal consistency was found at session 1 ($\alpha = .80$) and at session 2 ($\alpha = .88$).

Data Analysis

With only one treatment group, surveys from the outcome evaluation and from the process evaluation were screened for outliers and normality. Missing values at each time point for both post-workshop satisfaction surveys and for parent outcome surveys were assessed to confirm that data was missing completely at random (MCAR). This enabled maximum retention of cases and therefore sufficient power for detecting change across time.

Satisfaction with the session was assessed for missing values at each time point. Data was MCAR after the first workshop, with no significant pattern between missing data, X^2 (df = 78) = 81.1, p =.382. Missing data were also MCAR after the second session, X^2 (df = 40) = 38.6, p =.533, and again after the third session, X^2 (df = 8) = 2.4, p =.968.

MCAR analyses were also performed on parent outcome surveys at each time point, indicating that missing data was MCAR at Pre, X^2 (df =237) = 264.46, p =.123, at Post X^2 (df =149) = 136.00, p =.769, and again at Follow-up X^2 (df =74) = 84.28, p =.194.

With data missing completely at random for both datasets, the Expectation Maximisation (EM) algorithm was used to impute missing values to create a complete data set for post workshop surveys (process evaluation data) and outcome surveys. This ensured sufficient power to conduct one-way repeated measures analysis of variance (ANOVA) and Paired Sample t-Tests for post-session satisfaction. All quantitative analyses were conducted using IBM SPSS Statistics version 25 and version 29. Interviews with parents and staff were coded and analysed using QSR NVivo software. An emergent themes approach was adopted to code and analyse the data within NVivo.

Process Evaluation Findings

Parent post workshop satisfaction surveys

Total satisfaction survey scores ranged from 12 to 60 in sessions 1 and 2, with a paired samples t-test revealing no significant change in satisfaction between session 1 (M = 47.67, SD = 3.84), and session 2 (M = 48.19, SD = 4.68), t(157) = -1.23, p = .219. Session 3 was excluded from significance testing due to the removal of five survey questions, however out of a possible score of between 7 and 35, participants reported a mean satisfaction score of M = 26.61 (SD = 2.64).

Parents were also asked two open-ended questions in the survey: 1) what they liked about their experience in Teens and Beyond, and 2) whether they would like to provide feedback for the ACD. This feedback is presented in full in Appendix C, with a summary of feedback across all groups and sessions presented below.

Parent feedback summary

The sessions are relevant, practical and informative

Parents reported the sessions as being useful in relation to the provision of clear and accessible information and resources.

Teens and Beyond facilitators are experienced and professional

The program empowers parents

The program was validating, empowering, generated knowledge and new thinking, and helpful for planning their adolescent's future.

Parents experience the program differently depending on their teen's disability

Feedback suggested that parents experience the program differently, and this depended on the type or severity of the disability. A small number of parents reported that some of the content was not relevant to their teen, and whilst they acknowledged the quality of the workshop's content and delivery, they were unable to benefit to the same degree as other parents of higher functioning teens. For example, parents of low-functioning adolescents may be unable to assist their teen's independence due to the nature of the disability, not the parent's capacity, efficacy or ability to support their teen's independence.

Parent interviews

In depth, semi-structured interviews with 11 parents were conducted after the first two rounds of the Teens and Beyond program roll-out in June and October 2021 (see Appendix D for a list of the interview questions). The purpose of the interviews was to understand the experience and impact of the program from an end-user's perspective. Findings from these interviews are described below.

Parent experiences of Teens and Beyond

Parents were asked about their overall experience of the program, including any positive or negative aspects. Seven themes were identified in relation to **positive experiences of the program** (see Table 4).

The most common positive theme related to the program's facilitators, and particularly the perceived benefits of having two facilitators run the workshops, and their lived experience as parents of a child with disability. Nine parents described the program as inspiring or motivational, providing hope for the future.

> *"To show that there is hope, it offered inspiration to me".*

The program prompted action or discussion with family and buffered against parenting challenges.

> *"You then do have further topics around the dinner table that focus on these subject matter".*

> "*Even if you've had a ghastly day, you've got time to defuse, regroup and come back, and then it would distract you because you talk about something positive, something proactive, something that will be supportive to your teenager*".

The modality of program delivery was another positive experience for parents, with several aspects of the online forum being seen as beneficial, including the immediacy of accessing weblinks and information, the use of the chat function, the convenience, and the group size.

> "*The chat session was really good. A lot more people were able to process what they were thinking and put it down in the chat*".

There were also a range of positive experiences in relation to practical information, feeling validated by the workshops, peer support, and confidence in the quality of ACD's information.

Conversely just three themes were identified as reflecting **negative aspects of the program** (see Table 4). The first related to the breadth of content and perception of it being "fast-paced" or challenging to keep up with the amount of information. Two parents described the need to follow-up on information as an additional challenge.

> "*When one of the facilitators said 'strengthening parents and support program' – look up your coordinator' it's like well, ok you're in my region, tell me who my coordinator is because that's one less thing that I have to look up. It's one less thing that I have to do in my caring role. If I can just get the name of the person…*".

Two parents felt that the workshops lacked a final session that would help to consolidate information and provide further opportunities to connect with the group.

Table 4. Themes arising from parent interviews

MAIN THEME (*n*)*	SUB-THEME
Positive aspects of the program	
Facilitators (12)	Joint facilitation
	Lived experience
	Interaction with facilitators (feedback/bi-directional communication via chat)
	Parent engagement strategies
	Skill
Inspirational (9)	Inspired hope
	Motivating
	Provides a buffer against challenges
Practical (7)	Ability to prepare for future
	Practical content
	Learned new information
	Provides a directory or guide for later
Modality and delivery (6)	Chat function
	Weekly sessions well-spaced
	Small group size
	Online links preferred over hard copy
	Immediacy of links and information online
Validating (5)	Validated current behaviours or attitudes
Peer support (5)	Sharing information/experiences amongst group
	Learning from one another
	Sense of connection on similar experiences
Trusted source (2)	Links are already vetted
	Facilitators' have lived experience
Negative aspects of the program	
Fast-paced and content-heavy (5)	Felt rushed
	Needing to follow-up on tasks
	Content-heavy and less opportunity to connect
Lacked connection and consolidation (1)	Additional session as an opportunity to consolidate and connect with peers

Duration (2)	Sessions too long
	Unclear about / unprepared for session duration
Relevance of the program's content	
Generalizability (4)	Relevant to network/friends
	Not specific to any one disability
Useful for planning (2)	Relevant across age groups
	Triggers decisions and planning
Topic-specific (5)	Finance
	Mental health
Helpfulness of the program's content	
Directory of information (5)	Pre-vetted
	Links to information
	Broad range of topics
Developmental stage (2)	Information specific to adolescence

*n = number of comments

Relevance of the program's content

Most parents agreed that the program's material was relevant to their situation either immediately or with potential to be relevant in the future, and across many adolescent disabilities. However, some parents noted several exceptions. For example, three parents with high-need adolescents found aspects of the content less relevant (e.g., employment), but did express appreciation that the program was not tailored to specific levels of functioning. One parent said it was okay when topics were not relevant for them as the facilitators covered many topics in each session and it gave them an opportunity to "*tune out for a few minutes*" and then "*tune back in*". On the other hand, one parent stated they found the content to be very relevant even to people with 'invisible' disabilities, including high-functioning autistic adolescents. Another parent commended the ACD for broaching the sensitive topic of puberty.

Information was sometimes seen to be ahead of where a parent felt they were with their adolescent's development, but this was seen as an opportunity to start planning, making decisions, and thinking about the next stage for their teenager. One parent reported that information about mental health was particularly relevant to parents of autistic teenagers, and several parents reported they found financial information very relevant to the changes in support services associated with their child transitioning to adolescence.

Helpfulness of the program's content

Parents reported the Teens and Beyond program content as helpful. Some parents said that receiving information from a trusted source such as ACD was helpful, and that the directory of information was like a "checklist", particularly as there is no other centralised supplier of this information.

> "*In my case probably the links to information and what I need to do, that was probably the most significant thing*".

ACD is seen as a trusted source which adds value to the links and directories provided to parents. Specifically, several parents reported that practical information about finance, estate planning, and Medicare was particularly useful. Two parents mentioned a dearth of programs dedicated to adolescent development.

> *"I really found it helpful, and I really enjoyed the program. I think mainly because I noticed a lot of the disability programs are really focused for younger children".*

Impact of the program

Parents reported several impacts as a result of participating in Teens and Beyond (see Table 5). **Practical changes** were frequently experienced, some of which related to accessing new resources or services. Some parents reported **greater confidence in the future** because of an awareness of the resources and services available to them and the steps involved in supporting their adolescent to access disability services. For others, the program impacted their **knowledge about services** and knowing what to do to prepare for the future.

> *"I was able to action some tasks, like the Tax File Number. My son is never going to be able to work as such, but he still needs a TFN to be able to access the disability support pensions, so I thought, lightbulb, yes that's something that I've got to go out and action".*

> *"I can be better prepared, I know what I have to do when he's about 15".*

Another area of impact was a change in **parental views about their teen's growing maturity**. This included a new awareness of their child's transition into adolescence and the developmental changes associated with this shift.

> *"Oh my son is not young anymore, he's not a kid anymore… Before Teens and Beyond I thought he's still a kid! [laughs]".*

> *"It did open my mind, hey my son is really growing up, it feels like he's growing older, and really, I needed to prepare".*

Likewise, these changes in perception of their adolescent were connected to increased confidence in employment opportunities and **focusing on their adolescent's strengths** instead of challenges. Parents also reported **new routines or changes within the family's roles**, including three families experiencing more involvement from their partners and more discussion "*around the dinner table*" about some of the program's topics.

Facilitators of engagement and participation

Overwhelmingly, the main facilitator of engagement reported by parents was **online access**. This was particularly the case for families in rural areas who find it challenging to attend in-person workshops due to geographical barriers. Several parents commented on the ease of accessibility of online workshops and the reduced need for supervision or additional care for their teen.

> *"As carers, we need as much help as we can to reduce the time around anything we need to do to help our kids".*

> *"You don't have to organize respite, you don't have to organize care or support workers coming into your home".*

In addition, offering **a range of session times** in two-hour blocks was also seen to be facilitative of attendance. Parents also discussed **the quality of the content** as a motivator to return, the **trusted reputation of the ACD**, and that workshops were offered at **no cost to parents** (see Table 5).

Barriers to engagement and participation

Parents reported only a few barriers to engagement and participation in the program. Two parents described challenges to online participation including **noise at home** and difficulties

raising specific issues in an online forum, including **discomfort sharing personal information** due to the varying levels of disability amongst the group. One parent reported that evenings are a challenge, while another found the **time commitment** to three nightly sessions was difficult.

Table 5. Program impact, facilitators, and barriers

MAIN THEME (*n*)*	SUB-THEME
Impact of the program	
Practical impacts (16)	Accessed new resources or services
	Planning and preparing for the future
	Sharing information and resources with others
Changed views about adolescent's independence (12)	Raised awareness of puberty and maturity
	Confidence in employment opportunities for the future
	Looking at strengths over challenges
Changes in roles/routines (4)	More partner involvement / family discussion
	Adolescent commenced new activities
Changes in wellbeing (4)	Boost in positivity
	Increased hope
Facilitators of participation	
Online accessibility (20)	No travel time
	Reduced need for carer/supervision of teen
	Increased availability for evening session
	Increased access for rural families
Session variables (6)	Duration of session
	Timing of session
Enjoyable / engaging content (4)	Enjoyed program content
	Enjoyed peer group
Reputation (2)	ACD trusted reputation
	Workshop promoted via trusted source
No cost (1)	Free workshop
Barriers to participation	
Online delivery (2)	Background noise at home
	Difficult to raise personal topics or views online
Session time (2)	Timing of session
	Committing to three sessions

Disability type and severity (1)	Discomfort with varying levels of teen functioning in group
Social Connections	
Developed social connection (14)	Shared experiences
	WhatsApp social group highly valued
	Felt understood amongst peers
Found social connection difficult (6)	Difficult to connect online
	A lot of content left little time for connection

*n = number of comments

General feedback: Additional sessions to consolidate information

Parents were asked if they had any feedback about Teens and Beyond, including advice on how the program could be improved to better meet the needs of parents, and their thoughts on additional content that could benefit families taking part in future (see Table 6). Several parents raised the suggestion that a fourth session be implemented to offer either a session tailored toward parents of teens with autism or other 'invisible' disabilities, a session tailored toward different levels of functioning, or a session to consolidate information and connect with others.

General feedback: Additional content

Suggestions for additional program content included a topic on siblings of adolescents with disability.

> "If they can fit it in somewhere, one of the things I feel really sad about is the impact of a disabled child on their siblings".

Preparing adolescents for voting was also raised as a topic that might benefit parents and their teens.

Table 6. Parent Interview Feedback on Teens and Beyond

MAIN THEME (n)*	SUB-THEME
Feedback on Teens and Beyond	
Topics where more detail is wanted (2)	Housing
	Financial security, wills and estate planning
Topics not covered, but of interest (4)	Voting
	Siblings
	Adolescent behavioural concerns
Fourth session desirable (7)	To consolidate and connect
	Tailored around 'invisible' disabilities
	Tailored around low functioning disabilities

*n = number of comments

Staff views on the Teens and Beyond Program

In-depth interviews were conducted with five facilitators from the Teens and Beyond program to understand how the program was implemented, strengths of the program, areas for improvement or professional development needs, and facilitators and barriers to implementation of the model (see Appendix E for a list of the questions). Themes arising from these interviews are described below and summarised in Table 7.

What worked well during implementation?

Teens and Beyond presenters were asked to describe their role in the implementation of the program. All five facilitators had experience presenting workshops in the disability sector and described being involved in the development of the Teens and Beyond program content to varying degrees. Three themes emerged as strengths, including co-facilitation, feeling invested in the program's goals, and the program's design and structure.

Co-facilitation is a strength

When asked what worked well during implementation, presenters described one of the major strengths of the implementation as co-facilitation. Aspects of co-facilitation that were believed to work well included the ability to split tasks, that is, one person presenting while a co-facilitator moderates the session (typically via the chat function). It also offered presenters the opportunity to discuss areas related to their own strengths.

> *"With me and my co-facilitator, we went through and just broke out chunks together that we each did, that we were more comfortable talking about. That worked really well".*

Co-facilitation also generated a more relaxed, conversational style of workshop, which facilitators felt benefited the overall cohesion and implementation of the program.

Meaningful connection with the program

Facilitators of Teens and Beyond were strongly invested in the program's purpose, and this meaningful connection with the program content was thought to resonate with parents. This connection with the program was strongly based on their lived experience raising an adolescent with disability. Facilitators described being able to illustrate examples from their own lives which allowed attendees to identify with the presenters and feel comfortable sharing their own experiences.

> *"All the people who do the presenting have lived experience and I think that was pretty powerful because we were able to draw on our own experiences, and also give them examples".*

Program design and structure

The structure and content of the Teens and Beyond program was also seen as a strength. Facilitators reported some of the qualities of the program's structure as a balanced range of presentation modes, including videos, slides, gallery views (in Zoom), and regularly interspersing information with pauses and checking in with parents. In addition, clear and practical information, with simple and achievable steps that parents can action between sessions, was believed to support implementation of the program.

Which supports assisted implementation of the program?

Staff were asked if there were any specific supports that assisted them in effectively implementing the program. Three main areas were seen to aide implementation, including:

- preparation, design, and resources
- mode of delivery (online features)
- peer support

Program development, preparation, and resources

Two staff noted the large amount of preparation and careful assessment of content as significantly supporting the development of a successful workshop. Resources were also seen to support implementation, including being able to provide slides to the parents, and utilising a range of online tools and features.

Mode of delivery

Mode of delivery offered some advantages that were seen to be supporting the program's implementation. These included the use of chats to drop links, but also to provide a way for parents to ask questions without directly interrupting the speaker or presentation, and to do so in a forum that may be seen as less intimidating than verbalising questions in person. The online modality was helpful in appealing to a cross-section of participants and fostering attendance at multiple sessions. "*Thank goodness we actually did go to Zoom because it was far more accessible that way*".

Facilitator peer support

Finally, peer-to-peer support was mentioned as supporting implementation, particularly in the sharing of information, and shared understanding and learnings from lived experience in the context of raising an adolescent with disability.

Table 7. Staff views on Teens and Beyond

MAIN THEME (*n*)*	SUB-THEME
Implementation factors	
Implementation strengths (18)	Co-facilitation Lived experience Meaningful content Program structure and content
Implementation supports (9)	Preparation and design Mode of delivery/online features (e.g., chat function) Resources Peer support
Parent responsiveness and engagement	
Mode of delivery (4)	Participants could multi-task online (but this limited engagement) Parents valued the information Parent interaction was limited with each other Parents responded to lived experience of facilitators
Parent engagement strategies (10)	Regular breaks Minimise slides Read the audience Previewing content

	Opportunities for participation/audience contribution
	Online early (before workshop starts)
Engaging diverse communities (19)	Engaging at local level
	Build trust within community, with elders and leaders, and through word of mouth
	Cultural training is important
	Offering culture-specific groups
	Connect with community organisations

Adherence to program content	
Amount and range of content (16)	Inclusivity via range of lived experiences
	Review group demographic prior to workshop
	Minimise expanding on topics
	Redirect to links and alternative resources

Barriers to implementation	
Online modality (12)	Harder to engage parents
	Minimal or no cues from participants
	Insufficient device or internet access for participant
	Distraction in home and competing demands for attention

n = number of comments

Parent responsiveness and engagement with Teens and Beyond

Staff were asked about their sense of parent responsiveness and engagement within the workshop, including group cohesion and interaction.

Impact of delivery mode on parent engagement

The modality of delivery was online due to pandemic-related restrictions preventing in-person workshops, and while this forum attracted disparate views as to its effectiveness there was an overall view that parent engagement was successful. Characteristics of online delivery that supported implementation and parent engagement included its practicality. This incorporated flexibility to attend workshops at hours that may be prohibitive in person (e.g., weeknight sessions), parents having the ability to balance competing demands at home, and building interactive components into the online session.

"*We also had good numbers too because teenagers are a bit easier to entertain, they can do their own thing rather than the little tiny kids when we often do earlier day ones*".

Conversely, staff acknowledged some of the challenges in an online setting, such as the ability for attendees to turn their videos off, which prevented non-verbal feedback. It was also noted that facilitators had to work harder to include and invite the audience to interact and participate in the sessions, however the chat function appeared to mediate this issue to some extent.

"*We didn't insist of course, but it was really great when you get the group of parents who were more than happy to have videos on as well as audio*".

Strategies of engagement

Engagement was perceived as related to the degree that parents **valued the information and lived experience of the facilitators**. This related to information being presented in a practical and useful format that enabled parents to easily action tasks in small steps and build cohesion.

The delivery and engagement strategies employed by facilitators included:

- previewing content
- regular breaks
- using narrative communication styles
- ensuring slide information was brief and relevant
- and creating opportunities for audience participation and contribution.

The aim of narrative communication styles was to create an informal and conversational environment in the workshop. In combination with regular breaks this was seen to "*break things up and lighten things up a bit*" when topics were emotionally demanding or triggering. In addition, this approach was used to create a more "*relaxed tone*" and encourage more conversation and audience participation.

Peer interaction amongst attendees was seen to be challenging, and interaction was generally between attendees and presenters however, opportunities were created for parents to share their stories and this contributed to further engagement within the broader group. Engagement from families was seen as a meaningful component of facilitation.

> "*It's always an honour when other people, other families share their stories with you*".

Presenters also used 'ice-breakers' and games to build cohesion, with one staff member acknowledging the audience can contribute important information over and above planned content.

Other strategies to enhance engagement included minimising the number of presentation slides, reducing the level of information provided on the slides, and reducing the use of slides overall. Presenters also previewed the content to expose the audience to upcoming information, provide an opportunity for parents to plan, and act as a reminder of the workshop content. The purpose of this strategy was to engage the audience in the current session, and to encourage them to return for subsequent sessions.

Engaging diverse communities

Engaging culturally and linguistically diverse families

Staff were asked about the extent they believe parents from culturally and linguistically diverse backgrounds have been engaged (see Table 8 for a summary). There was broad agreement these families show interest in attending the program and that participation levels have been adequate, albeit most likely in families where there is already strong English comprehension. Facilitators acknowledge that there may be some participants unable to take full advantage of all the resources provided and are aware that Teens and Beyond should be promoted to different cultural backgrounds because it has cross-cultural relevance.

However, there are several perceived barriers to engaging families from culturally and linguistically diverse backgrounds. One facilitator described the difficulty getting "*past the gatekeepers*" of organisations to reach these families, perhaps due to different understanding or awareness around disability and its challenges. Similarly, a facilitator mentioned the difficulty in "*getting the word out there*" as the hardest part. One facilitator described the challenge of striking a balance between providing information at a level accessible by a broad demographic, while also providing information at the level desired by participants with strong English skills. There may also be engagement factors that present challenges, such as the use of 'break-out rooms' or 'warm-up' activities in which parents may not feel confident participating if less proficient in English.

Facilitators described the importance of supporting parents from culturally and linguistically diverse backgrounds to access and understand the content of the workshops, particularly as these families face the challenges of navigating a system with a child with disability in addition to potential language barriers. Specific strategies to support the engagement of culturally and linguistically diverse parents within the program were employed, such as careful design of the slides to present information visually where possible and slowing down the presentation with regular checking in.

> "*We try and slow our presentation down and say 'is everyone right with this? Any questions*?'".

In addition, it was suggested that identifying literacy issues prior to the workshop might help facilitators better support attendees.

Most facilitators suggested meeting with community leaders to provide information about the purpose of programs and asking for help to disseminate this to the wider community, with the goal of building connection and trust within the community. One facilitator said they have an existing contact within local Council and have already adopted this strategy effectively to promote workshops. It was proposed that a range of ongoing, different approaches should be explored, including:

- the potential for an interpreter for both online and in person workshops
- considering the use of captions in online workshop delivery
- splitting the workshop into smaller sessions
- emphasising other support and resources in other languages
- checking if there are English-speaking family members in the home to assist with translation
- identifying literacy issues prior to workshop commencement.

Enhancing staff awareness about different cultural approaches to disability is also seen as an opportunity to facilitate engagement.

> "*Providing information that's very culturally sensitive… having an interpreter is one thing, but also just providing the information in a way that's useful for them and their cultural understanding*".

Finally, running workshops for specific community groups with an interpreter was proposed as a strategy that may be bolstered by existing rapport between group members.

Generally, facilitators expressed confidence in working with families who are culturally or linguistically diverse, provided there is adequate comprehension of English. Staff expressed less confidence if they were facilitating workshops with non-English speaking participants.

Engaging Aboriginal and Torres Strait Islander Families

Facilitators were asked about their experience supporting parents from Aboriginal or Torres Strait Islander backgrounds to engage in the program, and whether they had encountered any barriers or facilitators. It was suggested that having one designated team member to concentrate on engagement with Aboriginal and Islander communities would be beneficial, including consulting with community elders to build trust.

> "*It just comes down to that level of trust. They don't know who we are, they don't know how we operate*".

There is an understanding that being a presence in these communities and building trust will take time and planning, and that this is being explored already by ACD management.

Engaging other groups of parents

Staff identified several other groups of parents who may experience barriers engaging in the program. Most facilitators suggested that parents who have their own disabilities or mental

health concerns may face participation challenges, while two facilitators added that vulnerable or socially disadvantaged families experience barriers including suitable internet access or access to devices.

Adherence to program content

Presenters reported being able to adhere to the program's components, managing to effectively cover all topics.

Inclusiveness of content

While a demographically tailored program would simplify information, facilitators described the need for a balance between relevant information and detail from personal lived experience to meet the needs of a range of demographics. One strategy staff employed was to review the demographic information prior to the workshop to better adjust and tailor content toward that group. Relevant lived experience played an important role in tailoring information, with facilitators drawing from their own experience to provide examples.

Managing challenging or sensitive topics

Certain topics were considered by facilitators to be pertinent for all parents, even if challenging to talk about. For example, puberty, sexuality, making friends, and mental health can be confronting for many parents however facilitators acknowledged that discussing these topics can assist parents in planning for the future. Engagement strategies, discussed above, were used by facilitators to minimise parents feeling distressed or triggered by the content.

> "*The first session was pretty hard going, and there was a lot of content to cover and it was heavier subjects, and what we learned from sort of saying 'look this one's pretty tough going, there's a lot in this today, but the next couple of sessions are not quite as heavy' and that sort of helped people come back*".

Facilitators found that topics such as Centrelink and the Disability Support Pension generated a lot of questions, and therefore found this content more challenging to cover. Another challenge was the amount of information covered across three sessions, with one facilitator indicating there is scope to "*pull back on some of the information*", continuing that "*for each slide we don't necessarily need to share every single tiny little bit of thing we know about*". While another presenter said it might help not to give "*really detailed explanations*". It was also suggested that for these topics, emphasising the links and alternative sources of information and resources may be useful to reduce the burden on staff to respond to all queries. One presenter said it is important not to have expanded conversations on any one topic because it would not necessarily be relevant to the majority of the group.

Barriers to program implementation

The following barriers to program implementation were identified by staff:

- Participants could be distracted by activities or other commitments in the home and therefore not fully engaged
- Difficulty connecting with the audience
- Difficulty seeing the non-verbal communication or body language of participants (particularly when cameras were turned off)
- Difficulty knowing at the end of the workshop who had remained engaged or had left the workshop but not logged off (because video was turned off)
- Insufficient device access for some families due to other needs (e.g., device already being used for home-learning)
- Challenges engaging some personality types (e.g., people who are reserved), and this challenge can be heightened in an online setting.

Table 8. Feedback from staff interviews

MAIN THEME (*n*)*	SUB-THEME
Strategies to engage different communities	
Culturally and linguistically diverse (23)	Offering materials in languages other than English
	Cultural training and awareness of different approaches to disability
	Promoting program within community groups
	Building relationships with community leaders
	Minimising slides and content on slides
	Regular breaks, shorter sessions
	Tailored workshops for a range of communities
	Translation options
Aboriginal and Torres Strait Islander (10)	Building relationships with community elders
	Consulting with community groups
	Main ACD point of contact
Other families (5)	Socially disadvantaged/vulnerable
	Parents with disability; mental health concerns
Professional development needs	
Professional needs (10)	Peer-to-peer support and information sharing
	Involvement in program development
	Reflecting on practice
	Continued effective support from management
How facilitation style has changed (3)	More careful not to provide advice
	Now have a delivery and facilitation model for future programs
	Prepared to adapt, reflect and change as needed
Unexpected outcomes	
Positive parent feedback (19)	Benefits of facilitator lived experience/personal examples
	Practical and actionable information
	Adolescent-focus / shared experiences
	Post-program WhatsApp group
Staff experience (5)	Program resonated with staff
	Staff rapport with parents

n = number of comments

Professional development

Facilitators described several professional learning needs that would support them in program implementation, including:

- regularly delivering workshops to remain current
- continuing support from management
- reflecting on practice
- additional training and understanding of disability support services
- involvement in program research and development, and
- peer to peer support and information sharing.

As a result of facilitating the Teens and Beyond program, staff provided some insight into changes in their practice and any opportunities or barriers to facilitating the program in future. One facilitator said they are more careful about advising families as every situation and child is different, while another discussed the importance of being adaptable, accountable and reflective with program development, ensuring that the organisation continues to be responsive during this process. Another facilitator described the Teens and Beyond program as a strong model for the development of future workshops.

Unexpected outcomes of the program

Various unexpected outcomes were reported by staff, over and above targeted outcome variables and this included receiving positive parent feedback about the following:

- the personal examples and lived experience of the facilitators
- the manageable actions arising from the workshops
- the popularity of a workshop peer group on the social media platform WhatsApp
- participating in an adolescent-focused workshop with families facing similar challenges and experiences.

Several staff described how the program resonated with them personally, and how much they benefited by their involvement in facilitating the workshops, with one staff member saying this was "*the most rewarding workshop I've ever been part of*".

Outcome Evaluation Results

Outcome evaluation surveys were administered at three timepoints: pre (baseline, prior to the first workshop), post (immediately following the third, final workshop), and follow-up (six months after the final workshop). The survey comprised seven measures to assess change in the intended outcomes of the program, including parenting self-efficacy, parent self-advocacy, parent confidence in adolescent self-advocacy, parent confidence to support their adolescent's independence, parent confidence to support their adolescent through developmental stages, parent hopes for the future, and parental empowerment. Results from analysis of the full dataset with imputed means are reported below, with group means and standard deviations presented in Table 10.

The breakdown of survey completion indicates that approximately half the sample completed two or more surveys (49.4%). Just under half the sample completed only the baseline survey (40.6%), and a further 10% completed either post *or* follow-up surveys. Although data was MCAR, it was necessary to impute a large amount of missing data to minimise data loss and enable repeated measures analysis across all time points. To explore outcomes with a sample who completed a minimum of two surveys, a subset of the data was analysed excluding parents who completed a survey at only one timepoint. This was to minimise the impact of extensive data imputation which can bias results and increase the risk of a Type 1 error (false positive finding), and therefore provide more confidence in the direction and strength of results. Due to the process of listwise deletion in repeated measures analysis it was still necessary to

use the dataset with imputed means for participants missing a single timepoint. Partial eta squared is reported to confirm the effect (magnitude) of findings. Findings are presented below, with means and standard deviations shown in Table 10.

To explore differences between parents and potential demographic barriers and facilitators to participation, a second subset of the data was analysed: parents who completed only one survey (baseline) were compared with parents who completed two or more surveys (any combination) on demographic information.

Survey completion rates: Demographic differences

To gain further insight into the potential barriers and facilitators of parent engagement in the evaluation, descriptive data was explored between parents who completed the survey at baseline only (n = 65, 45.1%) and subsequently ceased participation in the evaluation, and parents who completed any two (or more) surveys (n = 79, 54.9%). Parent age in years was not significantly different between the parents who participated in only the baseline survey (M = 47.04, SD = 6.475) and parents who completed two or more surveys (M = 47.94, SD = 6.094), t(136) = -.81, p = .421. Nor did the age (in years) of the adolescent differ between parents who completed baseline (M = 15.00, SD = 1.191) and parents who took part in multiple surveys (M = 14.91, SD = 1.554), t(140) = .34, p = .734. Frequencies were computed to further explore any differences between parent engagement (depicted in Table 9).

Table 9. Descriptive statistics for parents by survey completion

VARIABLE	Categories	BASELINE ONLY		TWO + SURVEYS	
		n	*%*	*n*	*%*
Parent gender	Mother	62	95.4	82	96.5
	Father	3	4.6	3	3.5
Main work activity	Full-time employed	8	12.3	13	13.7
	Part-time employed	26	40	24	25.3
	Casually employed	5	7.7	8	8.4
	Unemployed, seeking work	2	3.1	2	2.1
	Home duties/Carer	22	33.8	27	28.4
	Retired	1	1.5	1	1.1
Receiving family support services	No	32	49.2	38	40.0
	Yes	32	49.2	50	52.6
Culturally and linguistically diverse	No	52	80	58	72.5
	Yes	13	20	22	27.5
Aboriginal and Torres Strait Islander	No	65	100	79	98.8
	Yes Aboriginal but not Torres Strait Islander	0	0	1	1.3
Relationship to teen	Biological parent	62	95.4	79	100
	Non-biological parent	1	1.5	0	0
	Foster parent	1	1.5	0	0
	Step-parent	1	1.5	0	0
Educational attainment	Secondary School	9	13.8	5	5.3
	Vocational qualification, Certificates I-IV	3	4.6	12	12.6
	Diploma, Advanced diploma, Associate degree	16	24.6	11	11.6
	Bachelor Degree, Honours	26	40	20	21.1
	Graduate Certificate, Diploma	6	9.2	18	18.9
	Masters	3	4.6	9	9.5
	Professional Doctorate, PhD, MD	1	1.5	4	4.2
Adolescent Primary disability	Acquired brain injury	3	4.6	1	1.1
	Neurological	2	3.1	2	2.1
	Speech, vision, hearing	1	1.5	2	2.1
	Physical disability	0	0	1	1.1
	Developmental delay	1	1.5	0	0
	ADHD	4	6.2	2	2.1
	ASD	37	56.9	53	55.8
	Genetic/chromosomal	8	12.3	8	8.4
	Intellectual	8	12.3	10	10.5
	Other	1	1.5	0	0
Adolescent Gender	Male	43	66.2	59	73.8
	Female	20	30.8	19	23.8
	Non-binary / gender diverse	1	1.5	2	2.5
	Prefer to self-describe	1	1.5	0	0

Intended outcomes

Parent self-efficacy

A repeated measures ANOVA was performed to assess whether parental self-efficacy increased significantly after participating in the Teens and Beyond program. The data was checked for normality and outliers, revealing a normal distribution but a violation of the assumption of sphericity, $\chi^2(2) = 30.79$, $p < .001$, $\eta p^2 = $. To adjust for the violation of this assumption the Greenhouse-Geisser correction was applied in the ANOVA, with results showing a statistically significant effect on parenting self-efficacy, $F(1.69, 270.16) = 10.06$, $p < .001$. Post hoc analyses using the Bonferroni correction revealed that parental self-efficacy increased significantly from baseline ($M = 14.78$) to immediately post program ($M = 15.53$). This effect was maintained at six-month follow-up ($M = 15.25$). Total means by timepoint are shown in Figure 2.

A repeated measures ANOVA was conducted with the subset of data ($n = 79$). Mauchly's test, $\chi^2 (2) = .659$, p = .719, indicated no violation of sphericity. There were significant differences on the MaaPs across the timepoints, F(2, 156) = 7.42, p < .001, and the magnitude of these differences is large according to an estimate of the effect size, $\eta p^2 = .087$. Pairwise comparisons with a Bonferroni adjustment show that parent self-efficacy significant increased from baseline (M = 14.67) to post (15.53), and was maintained at follow-up (15.25) (remained significantly higher than baseline). There was no significant increase from post program to follow-up.

Parent self-advocacy

Changes in parent self-advocacy across the workshops were assessed with a repeated measures ANOVA. A normal distribution was found but with slight skewness at follow-up, and the assumption of sphericity was violated, $\chi^2 (2) = 36.13$, $p < .001$. Therefore the Greenhouse-Geisser correction was used in the ANOVA, revealing significant differences on parenting self-advocacy mean scores, $F(1.66, 264.02) = 15.55$, $p < .001$. A Bonferroni adjustment was made in post-hoc analyses, revealing significant increases in parenting self-advocacy from pre ($M = 11.34$) to post program ($M = 12.02$), $p < .001$, however, this was not maintained at follow-up ($M = 11.62$, n.s.). Group means by timepoint are shown in Figure 3.

A repeated measures ANOVA was performed to confirm results with the smaller subset of data. There was no violation of sphericity, $\chi^2(2) = 2.39$, p = .302. A large effect size was found which confirms the magnitude of the significant results, F(2, 156) = 14.07, p < .001, $\eta p^2 = .153$. Improvements in parent self-advocacy compared to baseline were detected at post and again at follow-up. Table 10 provides means and standard deviations.
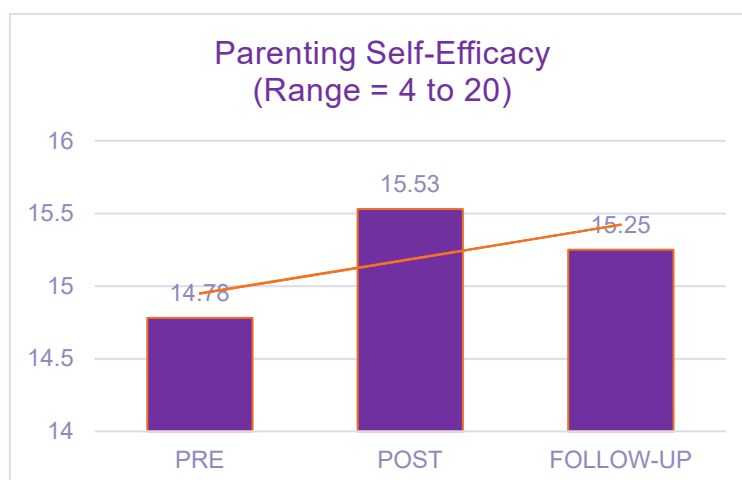

Figure 2. Group means by timepoint for parenting self-efficacy

Table 10. Means and Standard Deviations on all Outcome Variables

| | TIME | | | | | |
| | BASELINE | | POST PROGRAM | | FOLLOW-UP | |
OUTCOME VARIABLE	*M*	*SD*	*M*	*SD*	*M*	*SD*
Me as a Parent (self efficacy) (N=160)	14.78	2.311	15.53***	1.757	15.25***	1.084
Me as a Parent (self efficacy) (N=79) †	*14.67*	*2.203*	*15.54****	*2.187*	*15.27**	*1.541*
Parent self-advocacy (N=160)	11.34	1.779	12.02***	1.155	11.62	0.790
Parent self-advocacy (N = 79) †	*11.18*	*1.798*	*12.08****	*1.347*	*11.61**	*1.127*
Parent perception of adolescent self-advocacy skills (N=160)	6.73	1.522	7.64***	1.139	6.66	0.809
Parent perception of adolescent self-advocacy skills (N=79) †	*6.59*	*1.658*	*7.60****	*1.413*	*6.69*	*1.114*
Parent confidence to support teen's independence (N=160)	19.24	3.673	22.92***	2.549	20.12***	2.009
Parent confidence to support teen's independence (N=79) †	*19.20*	*3.801*	*22.92****	*3.364*	*20.07*	*2.835*
Parent confidence to support teen's adolescent stages (N=160)	6.88	1.695	7.82***	0.946	7.03	0.908
Parent confidence to support teen's adolescent stages (N=79) †	*6.79*	*1.765*	*7.79****	*1.256*	*7.06*	*1.249*
Parent hopes for teen's future (N=160)	7.69	1.722	7.98	1.203	7.84	0.991
Parent hopes for teen's future (N=79) †	*7.76*	*1.818*	*7.97*	*1.621*	*7.84*	*1.415*
Parental sense of empowerment (N=160)	3.30	0.806	4.00***	0.489	3.50**	0.400
Parental sense of empowerment (N=79) †	*3.16*	*0.858*	*3.97****	*0.619*	*3.49***	*0.569*

Note. *M* and *SD* denote Mean and Standard Deviation, respectively.

†Inclusion criteria: completion of a minimum of surveys at two timepoints.

*p<.05, **p<.01, ***p<.001, denoting a significant increase from baseline scores

Perception of adolescent self-advocacy skills

Perception of adolescent self-advocacy skills was assessed for change over time with an ANOVA using repeated measures. The assumption of sphericity was violated, $\chi^2 (2) = 16.31$, $p < .001$ and applying a Greenhouse-Geisser correction revealed significant differences, $F(1.82, 289.59) = 45.38$, $p < .001$. Significant increases occurred between pre ($M = 6.73$) and post workshop ($M = 7.64$), however these increases were not maintained at follow-up ($M = 6.66$). Group means by timepoint are shown in Figure 4.

Improvements in capacity to support adolescent self-advocacy was assessed across time in the smaller subset of data. A repeated measures ANOVA with the data subset showed no violation of sphericity, $\chi^2(2) = 3.36$, p = .186. Significant changes in capacity to support adolescent self-advocacy, $F(2, 156) = 19.54$, p < .001. The magnitude of these differences is large according to an estimate of the effect size, $\eta p^2 = .200$. Significant improvements compared to baseline were detected at post but were not significantly higher than baseline at follow-up.
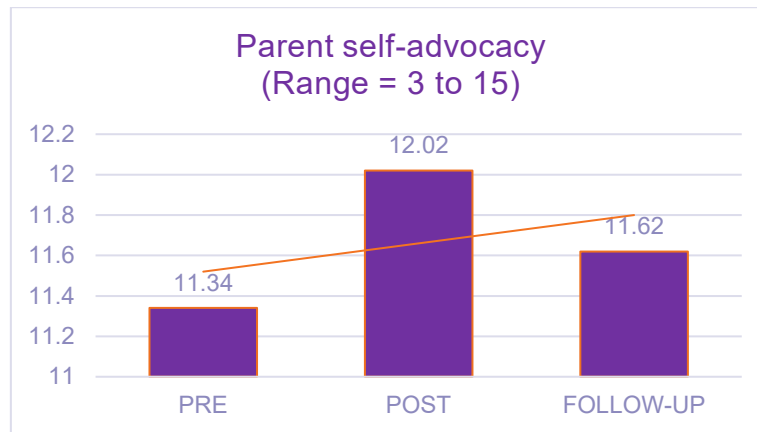
Figure 3. Group means by timepoint for parent self-advocacy
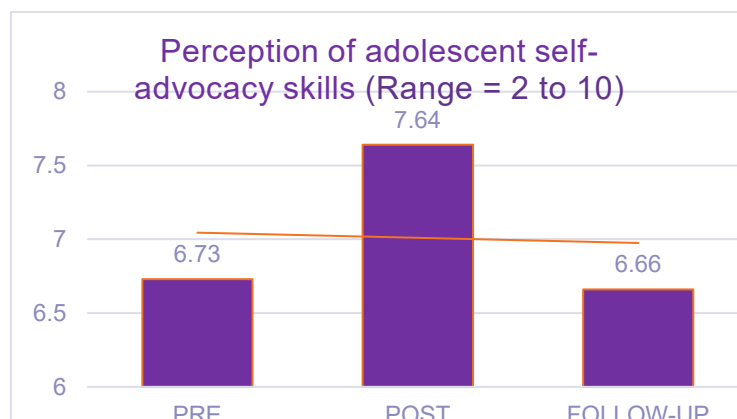
Figure 4. Group means by timepoint for perception of adolescent self-advocacy

Parent confidence to support adolescent independence

While a normal distribution was indicated, Mauchly's test of sphericity was violated, $\chi^2 (2) = 36.28$, p < .001. An ANOVA with repeated measures and a Greenhouse-Geisser correction revealed that mean scores across time were significantly different, $F(1.66, 263.86) = 115.87$, p < .001. Main comparisons using a Bonferroni adjustment indicated there were significant increases in confidence to support adolescent independence from pre (M = 19.24) to post (M = 22.92). Responses remained significantly higher at follow-up (M = 20.12). Group means by timepoint are shown in Figure 5.

Parent confidence to support adolescent independence was assessed across time in the smaller subset of data. A repeated measures ANOVA with the data subset showed no violation of sphericity, $\chi^2(2) = 3.36$, p = .186. Significant changes in capacity to support adolescent self-advocacy, $F(2, 156) = 55.32$, p < .001. Partial eta square indicates this is a large effect, $\eta p^2 = .415$. Significant improvements compared to baseline were detected at post but were not significantly higher six months later at follow-up (p = 0.88).
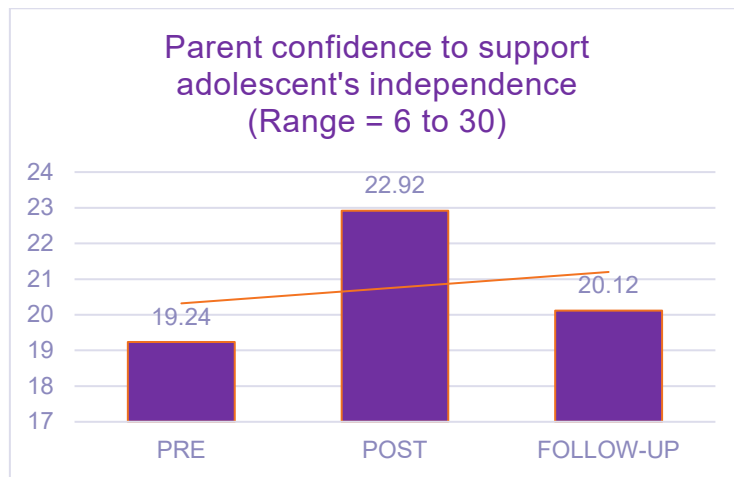
Figure 5. Group means by timepoint for parent confidence to support adolescent independence

Parent confidence to support adolescent stages of development

An ANOVA with repeated measures was performed to assess changes in parent confidence to support adolescent stages of development. As Mauchly's test of sphericity was violated, χ^2 (2) = 51.75, p < .001, a Greenhouse-Geisser correction was applied. A significant result indicated that mean scores across time differed significantly, $F(1.56, 248.58) = 115.87$, p < .001. Increases were significant from pre ($M = 6.88$) to post ($M = 7.82$), but not maintained at follow-up ($M = 7.03$). Figure 6 shows group means by timepoint.

Changes in parent confidence to support their teens adolescent stages of development was assessed by repeated measures ANOVA with the smaller dataset. Mauchly's test was not violated, $\chi^2(2) = 5.09$, p = .078. Significant improvements in parent capacity to support adolescent stages of development were supported by a large effect size, $F(2, 156) = 19.88$, p < .001, $\eta p^2 = .203$. Pairwise comparisons revealed these improvements occurred post-intervention however they were not maintained at follow-up (p = .331).
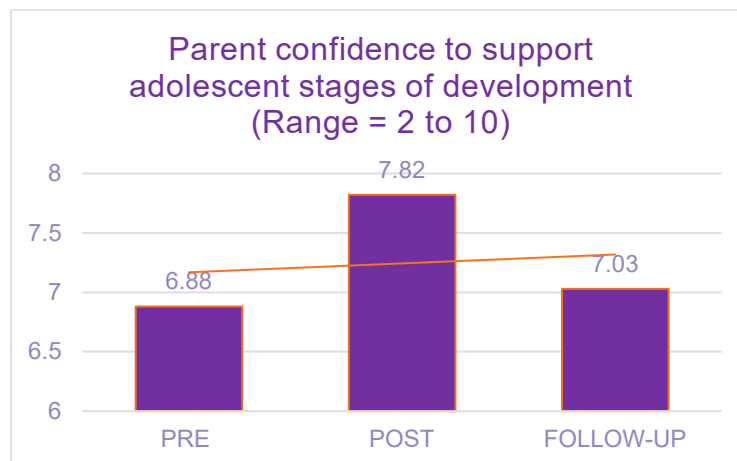
Figure 6. Group means by timepoint parent confidence to support adolescent stages of development

Parent hopes and expectations for their adolescent's future

ANOVA with repeated measures was used to assess changes in parent hopes and expectations about their adolescent's future. Mauchly's test of sphericity was violated, $X^2(2) = 19.49$, p < .001. A Greenhouse-Geisser correction was applied and revealed that mean scores

across time were not significantly different, $F(1.79, 284.93) = 2.73$. Figure 7 shows the group means for parent hopes about the future.

Parent hopes and expectations, investigated with the smaller subset of data, revealed no violation of Mauchly's test of sphericity, $\chi^2(2) = 1.45$, $p = .484$. No significant improvements were reported in parent hopes, and there was a small effect size, $F(2, 156) = 0.62$, $p = 540$, $\eta p^2 = .008$. Table 10 provides means and standard deviations.
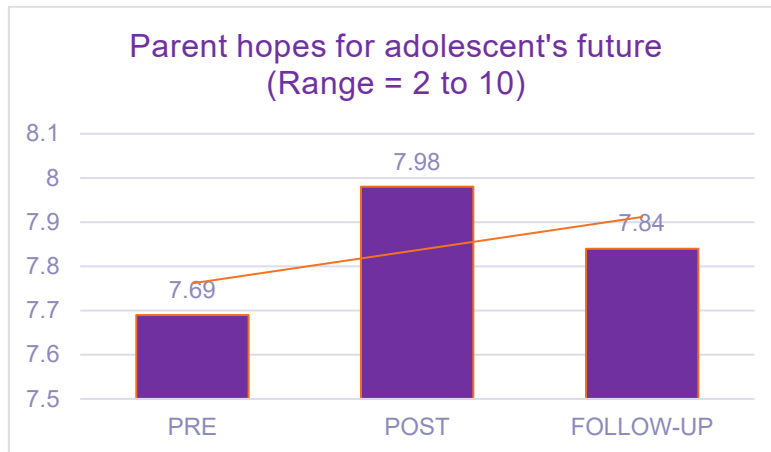

Figure 7. Group means by timepoint for parent hopes and expectations

Parental empowerment

Parental empowerment changes were assessed using a repeated measures ANOVA. The assumption of sphericity was violated, $\chi^2 (2) = 23.30$, $p < .001$, thus a Greenhouse-Geisser correction was applied, showing significant changes in empowerment, $F(1.76, 279.65) = 78.25$, $p < .001$. Significant increases occurred between pre ($M = 3.30$) and post ($M = 4.00$), $p < .001$. A small but significant increase in empowerment was maintained at follow-up ($M = 3.50$), $p < .005$. Figure 8 shows the group means on parent empowerment, by timepoint.

Analysis of the data subset showed no violation of sphericity, $\chi^2(2) = 0.379$, $p = .828$, and an ANOVA revealed significant and large effects of the intervention on empowerment, $F(2, 156) = 42.69$, $p < .001$, $\eta p^2 = .354$. Improvements were maintained at post and follow-up.
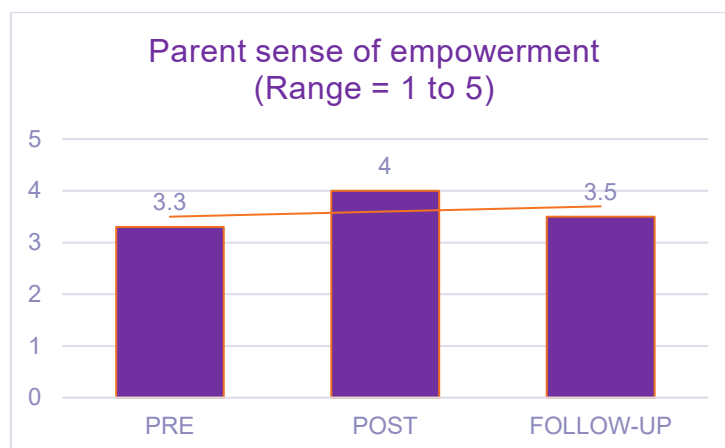
Figure 8. Group means by timepoint for parental empowerment

Findings and Conclusions

This report describes the process and outcome evaluation of the Teens and Beyond program, designed to enhance the capacity, self-advocacy and confidence of parents of adolescents

with disability. Findings from Teens and Beyond workshops, held between June 2021 and May 2022, are discussed firstly in relation to a range of program processes and secondly in relation to the impact of Teens and Beyond across a range of outcomes associated with parental capacity during the adolescent's transition to adulthood.

The goal of the process evaluation was twofold: i) to understand parent views on acceptability, usefulness, and satisfaction with the workshops and ii) to understand practitioner views about the barriers and facilitators associated with program implementation. Several themes emerged from these interviews, with parents describing the key benefits of the program as the quality and design of the program (including its delivery), the facilitators delivering the program, the content of the program, and the mode of delivery.

The lived experience of facilitators coupled with their expertise in the disability sector is a unique quality of the Teens and Beyond program to which parents identified with and responded very positively. Consistent with research, the attributes of the facilitator play a critical role in therapeutic alliance, which in turn has a significant impact on program outcomes (Leitao et al., 2022). Therapeutic alliance is known to be a fundamental component of program engagement and outcomes (Fairweather et al., 2021), and being able to achieve this rapidly with parents in Teens and Beyond while using an online modality reflects the skill of the program facilitators, particularly in overcoming challenges typically associated with online service delivery. An additional factor contributing to successful implementation is the co-facilitation design of the program's delivery, enabling one facilitator to be presenting content whilst another is responsive to program participants, often in an alternating pattern. The co-facilitation model offered a combination of experience and shared guidance on program material for parents, providing a greater breadth of expertise. This model also provides opportunities for facilitators to learn from one another's experience and knowledge (Higgins et al., 2017), further developing their skills in administering the program.

The program content and its delivery were described by parents as motivational, inspiring, and validating of their experiences as parents of an adolescent with disability. The information provided to parents was also described as practical and actionable. Several parents expressed their trust in the ACD and in the quality of their content and information. Congruent with the literature, this confidence in the ACD's reputation is likely to have had a positive effect on parental engagement (Byczkowski et al., 2020; Caronia & Ranzani, 2023; Hawley & Weisz, 2005).

The mode of service delivery received mixed reviews by parents however their feedback was weighted in favour of the program being held online. This was influenced by several factors, namely the convenience of not requiring childcare or carer support for their adolescent, the elimination of travel time, the immediacy of weblinks and information online, and the ability to ask questions throughout the workshop via the chat function, without interrupting the presenter. Despite these positives, a few observations were made regarding noise, distraction, and lack of privacy in the home. These findings parallel recent literature on virtual program delivery, which became the dominant service delivery model during pandemic public health restrictions on in-person services (McLoone et al., 2022).

Findings from staff interviews indicated high levels of dedication and personal investment in the program. Presenters who believe in the program's purpose and usefulness are likely to be higher in practitioner self-regulation and subsequently have a greater likelihood of engendering positive program outcomes and sustained program use (Ma et al., 2023; Tellegen et al., 2019). This may have been bolstered by having the necessary background and experience to perform their role successfully, paired with high levels of organisational support from management, thereby contributing to their confidence in the program. Furthermore, staff involvement in the workshop's development likely reinforced their connection with Teens and Beyond, emphasising the value of staff contribution in program design. Staff identified several ways to increase attendance for families from culturally and linguistically diverse backgrounds, including establishing trusting relationships with community elders and leaders, and having a presence within community groups. Workshop-based strategies to improve engagement based

around translation opportunities, shorter sessions, and workshops tailored toward specific groups or communities were also proposed.

Comparison of the descriptive data between single survey completers and multiple survey completers may provide insight into parent and adolescent factors influencing engagement. Possible areas of difference between these groups were observed in parent work activity, education, teen disability, and gender of teen. Parents completing one survey were more likely to be in paid employment (60%) than parents completing multiple surveys (47%), suggesting competing demands not directly related to the care of the adolescent may influence engagement, retention or participation rates. Educational attainment also differed with higher levels of education in parents completing multiple surveys than parents taking part in the baseline only. This was the case for post-secondary school education but also post-graduate qualifications (e.g., Masters, PhD). These findings correspond to the literature, with lower educational attainment associated with less active enrolment and ongoing retention in parenting programs (Eisner & Meidert, 2011).

While teen disability was predominantly reported as ASD in both groups, parents completing a single survey reported more variability in primary adolescent disability, including higher numbers across acquired brain injury, attention deficit hyperactivity disorder, genetic or chromosomal disorders and intellectual disability. This may suggest that level of adolescent functioning and need for care impacts parental participation. Although overall there were more parents of male adolescents participating in Teens and Beyond, adolescent gender appeared to differ between groups, with parents completing multiple surveys reporting a higher proportion of adolescents who identify as male. Gender of adolescent has been linked with parental help-seeking. For example, in a study looking at parental help-seeking, boys with ADHD were more likely than girls to receive assessment, diagnosis and treatment (Bussing et al., 2003). Generally, it appears that in addition to program factors, variables related to both the parent and adolescent may be associated with differing levels of survey completion, indicating that it may be beneficial to employ a variety of strategies to attract and retain parent participation.

Across six of the seven outcome variables, parents experienced significant benefits immediately following their participation in Teens and Beyond, including self-efficacy, self-advocacy, supporting their teenager's self-advocacy development, confidence to support growing adolescent independence, confidence to support their teen through adolescent stages, and parental empowerment. Fundamental to the program is the role of self-efficacy, which has been reported in the literature as malleable to programs designed to enhance parent confidence (Sofronof & Farbotko, 2002; Wittkowski et al., 2016). The current findings support the hypothesis that Teens and Beyond improves parenting self-efficacy, which is important given the established relationship between self-efficacy and competency to perform parenting tasks (Jones & Prinz, 2005). Parent perceptions about their own parental competencies is a valuable indicator in the developmental and health outcomes of a child (Vance & Brandon, 2017), and indeed, self-efficacy may be the mechanism that strengthens confidence across a range of parenting characteristics and tasks targeted by Teens and Beyond, including confidence to support their teen's growing independence (Glatz & Buchanan, 2015), and their own sense of parental empowerment (Wittkowski et al., 2016). The present findings indicate benefits were not only seen immediately at program completion but were also sustained at follow-up. This is consistent with the literature that psychological wellbeing in parents is improved after participating in a parent program (Barlow et al., 2012), including for parents of children with a disability (Hohlfeld et al., 2018).

Several other significant positive outcomes including parental self-advocacy, confidence in their adolescent's ability to self-advocate, and parent confidence to support their adolescent through sensitive stages such as puberty, were improved at completion of Teens and Beyond but were not sustained at follow-up. While initial positive outcomes of the program provide encouraging indications that parents are benefiting from participation in Teens and Beyond it is important to consider potential reasons these improvements subsided to pre-program levels.

One possibility is that building self-advocacy, particularly in populations experiencing greater parenting challenges, stressors, and time-pressure, may require more intensive therapeutic focus. It is also possible that parents with lower levels of self-advocacy and confidence to support their adolescent's transition through sensitive developmental stages, may face additional barriers implementing certain program strategies.

One outcome, parental hopes and expectations for their teen to independently participate in work or enjoy social activities in the future, was not significantly enhanced by the program. The literature indicates that parenting programs can significantly boost parent hopes and expectations about their teen's future, and that these positive parental expectations can in turn support their adolescent's autonomy across a range of postschool outcomes (Doren et al., 2012). Possibly the items developed to measure this construct did not sufficiently tap into parent hopes and expectations, given the varying levels of adolescent disability within the sample. Parent feedback suggests that those parents with adolescents with severe disability have reduced levels of hope for their teen's autonomy. Additionally, as the age range of adolescents in the sample was broad (ranging from 10.5 years of age to 19 years) parents may have had divergent expectations about their adolescent's future autonomy, based on their developmental stage.

Strategies for sustaining beneficial outcomes of the program over the long-term should be considered. These may include identifying ways to facilitate attendance in all workshops to increase dose of the program. For example, focusing on ways to enhance social connections amongst participants or altering the duration or frequency of the workshops may be potential considerations. There is indication that a hybrid delivery model may improve program reach and appeal to the complexities impacting parent participation. There has been support in the literature for hybrid service delivery models (Filbay et al., 2021), indicating there is sustained demand for offering flexible options for participation in programs. Methods of rapport-building (for example during recruitment or consent stages) may also be an opportunity for enhancing the impact of the program when it is delivered online. Overall, the process evaluation offered valuable insight into parent views about delivery mode and this may be used to inform future iterations of the program with the goal to further enhance engagement and longer term positive outcomes for parents.

In summary, the Teens and Beyond program was found to strengthen parental capacity to support adolescent independence, both immediately following the workshop and six months after attending the program. Parents reported increases in their competence to support their teen in task-specific ways at home, in the community, and in planning and preparing for their future, as well as more global perceptions including the ability to support their adolescent's decision-making, risk-taking, and growing independence more generally. These findings suggest parental engagement in the workshops is contributing to positive changes in parental beliefs (Finan et al., 2018) and that capacity to support growing adolescent independence can be maintained in the long-term after attending the program. The specific topics of adolescent independence addressed within the workshops may be driving long-term improvements in parenting self-efficacy and confidence to support their adolescent's growing independence.

Limitations and considerations

Whilst not a direct limitation of the program or its evaluation, it is important to consider the context of the Teens and Beyond program being conducted during a pandemic with significant public health restrictions, heavily impacting those families who typically require disability support for their adolescent. For example, it is possible that longevity of the program benefits was impacted by intermittent but recurrent lockdown restrictions, and by families experiencing unprecedented challenges in their access to support. Depending on disability, these families may have also experienced heightened health concerns creating additional stress and constraints on their routines.

A limitation of the evaluation may be the use of measures developed specifically to assess the impact of Teens and Beyond. There is a dearth of suitable measures for use within this population and in meeting the criteria of the evaluation, namely, to ensure wording is sensitive to the sample, and that scales are brief and minimise burden on the participant. The use of validated, standardised measures can offer more certainty the constructs are being assessed as intended. Second, the evaluation design is non-experimental and it is therefore not possible to make interpretations about causality. Without a control or comparison group it is difficult to determine the influence of other variables on the findings. Finally, there was substantial missing data within the dataset. In repeated measures designs this can cause significant data loss due to the deletion of a case across all time points if that case is missing data on any measure at any time point (listwise deletion). Given the data were missing completely at random, missing values were imputed to maximise the retention of cases however this can bias interpretation and lead to stronger assumptions about intervention effects (van Ginkel et al., 2019). Furthermore, only a small number of parents took part in all three workshops, and there was high variability in exposure to different components of the intervention. It is therefore not possible to determine dosage or impact of varying intervention content on outcomes.

Implications

The present findings can be used to guide the expansion of the Teens and Beyond program as well as inform the structure and development of other parenting programs. Three of the key moderators of success for the implementation of Teens and Beyond include i) the lived experience and knowledge of the facilitators, ii) the iterative process of program design and the responsiveness to feedback during this process, and iii) the co-facilitation delivery model. This delivery model enabled effective engagement and dissemination of the program's content, contributing to positive change for families by generating parent confidence and self-sufficiency. As parents described the ACD's workshops as a trusted, high-quality source of information, the reputation of the ACD is a key agent of success in program reach and engagement.

Whilst online delivery posed barriers to engagement for some families (for example, privacy or suitable space at home to participate in an online workshop, or challenges communicating effectively in an online forum), the online accessibility of the program was generally strongly endorsed for its capacity to include families in rural areas, eliminate the need for commuting, and reduce the need for supervision or care for children. A hybrid model of service delivery is likely to extend the availability of the program to a wider audience. Several parents made suggestions for additional topics however, they remained highly engaged and interested in the program's content and would recommend the program to other parents of adolescents with disability.

References

Barlow, J., Smailagic, N., Huband, N., Roloff, V., & Bennett, C. (2012). Group-based parent training programmes for improving parental psychosocial health. *Campbell Systematic Reviews, 15.* https://doi.org/10.4073/csr.2012.15

Blacher, J., & Baker, B.L. (2019). Collateral effects of youth disruptive behavior disorders on mothers' psychological distress: Adolescents with Autism Spectrum Disorder, intellectual disability, or typical development. *Journal of Autism and Developmental Disorders, 49*, 2810–2821. https://doi.org/10.1007/s10803-017-3347-2

Boland, J., Banks, S., Krabbe, R., Lawrence, S., Murray, T., Henning, T., Vandenberg, M. A. (2021). COVID-19-era rapid review: using Zoom and Skype for qualitative group research. *Public Health Research and Practice*. Advance online publication. https://doi.org/10.17061/phrp31232112

Bussing, R., Zima, B.T., Gary, F.A., & Garvan, C.W. (2003). Barriers to detection, help-seeking, and service use for children with ADHD symptoms. *The Journal of Behavioral Health Services & Research, 30*, 176–189. https://doi.org/10.1007/BF02289806

Byczkowski, T. L., Kennebeck, S. S., & Grupp-Phelan, J. (2020). A pilot study of a measure of parental trust in pediatric emergency department care teams. *Academic Pediatrics*, *21*(3), 504–512. https://doi.org/10.1016/j.acap.2020.09.005

Caldwell, J. (2011). Disability identity of leaders in the self-advocacy movement. *Intellectual and Developmental Disabilities*, *49*(5), 315–326. https://doi.org/10.1352/1934-9556-49.5.315

Caronia, L., & Ranzani, F. (2023). Epistemic trust as an interactional accomplishment in pediatric well-child visits: Parents' resistance to solicited advice as performing epistemic vigilance. *Health Communication.* Advance online publication. https://doi.org/10.1080/10410236.2023.2189504

Damen, H., Scholte, R.H.J., Vermulst, A.A., van Steensel, P., & Veerman, J.W. (2021). Parental empowerment as a buffer between parental stress and child behavioral problems after family treatment. *Children and Youth Services Review, 124*, 105982. https://doi.org/10.1016/j.childyouth.2021.105982

Deakin, H., & Wakefield, K. (2013). Skype interviewing: reflections of two PhD researchers. *Qualitative Research*, *14*(5), 603–16. https://doi.org/10.1177/1468794113488126

Dittman, C.K., Farruggia, S.P., Palmer, M.L., Sanders, M.R., Keown, L.J. (2014). Predicting success in an online parenting intervention: The role of child, parent, and family factors. *Journal of Family Psychology, 28*(2), 236–243. https://doi.org/10.1037/a0035991

Doren, B., Gau, J.M., Lindstrom, L.E. (2012). The relationship between parent expectations and postschool outcomes of adolescents with disabilities. *Exceptional Children*, *79*(1), 7–23. https://doi.org/10.1177/001440291207900101

Eisner, M., & Meidert, U. (2011). Stages of parental engagement in a universal parent training program. *The Journal of Primary Prevention, 32*, 83–93. https://doi.org/10.1007/s10935-011-0238-8

Fairweather, G. C., Lincoln, M., Ramsden, R., & Bulkeley, K. (2021). Parent engagement and therapeutic alliance in allied health teletherapy programs. *Health and Social Care in the Community*, *30*(2), e504–e513. https://doi.org/10.1111/hsc.13235

Feijt, M., de Kort, Y., Bongers, I., Bierbooms, J., Westerink, J., & IJsselsteijn, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the Covid-19 pandemic, *Cyberpsychology, Behavior, and Social Networking*, *23*(12), 860–864. http://doi.org/10.1089/cyber.2020.0370

Filbay, S., Hinman, R., Lawford, B., Fry, R., & Bennell, K. (2021). *Telehealth by allied health practitioners during the Covid-19 pandemic: An Australian wide survey of clinicians and clients*. April 2021. The University of Melbourne, Australia.

Finan, S. J., Swierzbiolek, B., Priest, N., Warren, N., & Yap, M. (2018). Parental engagement in preventive parenting programs for child mental health: A systematic review of predictors and strategies to increase engagement. *PeerJ*, *6*, Article e4676. https://doi.org/10.7717/peerj.4676

Glatz, T., & Buchanan, C. M. (2015). Over-time associations among parental self-efficacy, promotive parenting practices, and adolescents' externalizing behaviors. *Journal of Family Psychology*, *29*(3), 427–437. https://doi.org/10.1037/dev0000035

Hall, E. (2005). The entangled geographies of social exclusion/inclusion for people with learning disabilities. *Health & Place*, *11*(2), 107–115. https://doi.org/10.1016/j.healthplace.2004.10.007

Hamilton, E., Matthews, J., & Crawford, S. (2015). Development and preliminary validation of a parenting self-regulation scale: "Me as a Parent". *Journal Child and Family Studies, 24*(10), 2853–2864. https://doi.org/10.1007/s10826-014-0089-z

Hawley, K. M., & Weisz, J. R. (2005). Youth versus parent working alliance in usual clinical care: Distinctive associations with retention, satisfaction, and treatment outcome. *Journal of Clinical Child and Adolescent Psychology*, *34*(1), 117–128. https://doi.org/10.1207/s15374424jccp3401_11

Hayes, S.A., & Watson, S.L. (2013). The impact of parenting stress: a meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43*(3), 629-42. doi: 10.1007/s10803-012-1604-y.

Higgins, A., Hevey, D., Boyd, F., Cusack, N., Downs, C., Monahan, M., McBennett, P., & Gibbons, P. (2018). Outcomes of a co-facilitation skills training programme for mental health service users, family members, and clinicians: The EOLAS project. *International Journal of Mental Health Nursing*, *27*(2), 911–921. https://doi.org/10.1111/inm.12388

Hohlfeld, A.S.J., Harty, M., & Engel, M.E. (2018). Parents of children with disabilities: A systematic review of parenting interventions and self-efficacy. *African Journal of Disability*, *7*, Article a437. https://doi.org/10.4102/ajod.v7i0.437

Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review, 25*(3), 341–363. https://doi.org/10.1016/j.cpr.2004.12.004

Leitao, S.M., Seabra-Santos, M. J., & Gaspar, M.F. (2021). Therapist factors matter: A systematic review of parent interventions directed at children's behavior problems. *Family Process*, *60*, 84–101. https://doi.org/10.1111/famp.12550

Ma, T., Tellegen, C., McWilliam, J., & Sanders, M. (2023). Predicting the sustained implementation of an evidence-based parenting program: A structural equation modelling approach. *Administration and Policy in Mental Health and Mental Health Services Research*, *50*, 114–127. https://doi.org/10.1007/s10488-022-01226-x

Matthews, J., Millward, C., Hayes, L., & Wade, C. (2022). Development and validation of a short-form parenting self-efficacy scale: Me as a Parent Scale (MaaPs-SF). *Journal of Child and Family Studies*. *31*, 2292–2302. https://doi.org/10.1007/s10826-022-02327-9

McLoone, J., Wakefield, C. E., Marshall, G. M., Pierce, K., Jaffe, A., Bye, A., Kennedy, S. E., Drew, D., & Lingam, R. (2022). It's made a really hard situation even more difficult: The impact of COVID-19 on families of children with chronic illness. *PLoS ONE*, *17*(9), Article e0273622. https://doi.org/10.1371/journal.pone.0273622

Parenting Research Centre (in draft). *Parenting Research Centre submission to the NDIS review, 2023.* Melbourne: Author.

Parenting Research Centre (2017). *Parenting Today in Victoria: Technical Report* (report produced for the Department of Education and Training, Victoria). Melbourne: Parenting Research Centre.

Parsons, D., Cordier, R., Lee, H., Falkmer, T. & Vaz, S. (2020). Stress, coping, and quality of life in families with a child with ASD living regionally. *Journal of Child and Family Studies, 29* (2): pp. 546-558.

Picard, I., Morin, D., & DeMondehare, L. (2014). Psychoeducational program for parents of adolescents with disability. *Journal of Policy and Practice in Intellectual Disabilities*, *11*(4), 279–292. https://doi.org/10.1111/jppi.12099

Sofronoff K., & Farbotko M. (2002). The effectiveness of parent management training to increase self-efficacy in parents of children with Asperger syndrome. *Autism, 6*(3), 271–286. https://doi.org/10.1177/1362361302006003005

Tellegen, C. L., Ma, T., Day, J. J., Hodges, J., Panahi, B., Mazzucchelli, T. G., & Sanders, M. R. (2022). Measurement properties for a scale assessing self-regulation in parents and parenting practitioners. *Journal of Child and Family Studies*, *31*, 1736–1748. https://doi.org/10.1007/s10826-022-02307-z

Vaccaro, A., Daly-Cano, M., & Newman, B. M. (2015). A sense of belonging among college students with disabilities: An emergent theoretical model. *Journal of College Student Development*, *56*(7), 670–686. https://doi.org/10.1353/csd.2015.0072

Van Ginkel, J.R., Linting, M., Rippe, R.C.A., & van der Voort, A. (2019). Rebutting existing misconceptions about multiple imputation as a method for handling missing data. Statistical Development and Applications, 102(3), 297-308. https://doi.org/10.1080/00223891.2018.1530680

Vance, A. J., & Brandon, D. H. (2017). Delineating among parenting confidence, parenting self-efficacy, and competence. *Advances in Nursing Science, 40*(4), E18–E37. https://doi.org/10.1097/ANS.0000000000000179

Whiting, M., Nash, A.S., Kendall, S., & Roberts, S.A. (2019). Enhancing resilience and self-efficacy in the parents of children with disabilities and complex health needs. *Primary Health Care Research & Development, 20*(e33): 1–7. doi: 10.1017/S1463423619000112

Wittkowski, A., Dowling, H., & Smith, D. M. (2016). Does engaging in a group-based intervention increase parental self-efficacy in parents of preschool children? A systematic review of the current literature. *Journal of Child and Family Studies, 25*(11), 3173–3191. https://doi.org/10.1007/s10826-016-0464-z

Appendices

Appendix A. Parent Outcomes Survey

Teens and Beyond Parent Pre, Post and Follow-up Survey	
Please provide the following background information about you and your family	
The last 4 digits of your mobile phone number (so that we can match your responses across time)	— — — —
How did you participate in the Teens and Beyond workshop?	☐ Online workshop (Zoom) ☐ Face to face (in person workshop)
What is your age in years?	__ __ Years
What is your gender?	☐ Man ☐ Woman ☐ Non-binary/gender diverse ☐ Prefer to self-describe_____ ☐ Prefer not to say
Do you identify as having a culturally and linguistically diverse background?	☐ Yes ☐ No ☐ Prefer not to say
Do you identify as being of Aboriginal and/or Torres Strait Islander Origin?	☐ No ☐ Yes Aboriginal, but not Torres Strait Islander ☐ Yes Torres Strait Islander, but not Aboriginal ☐ Yes both Aboriginal and Torres Strait Islander ☐ Prefer not to say
What is the highest educational qualification you have completed?	☐ Primary School ☐ Secondary School ☐ Vocational qualification, Certificates I-IV ☐ Diploma, Advanced diploma, Associate degree ☐ Bachelor Degree, Honours ☐ Graduate Certificate, Diploma ☐ Masters ☐ Professional Doctorate, PhD, MD

What are your main work activities at present?	☐ Full-time paid employment ☐ Part-time paid employment ☐ Casual paid employment ☐ Unemployed and seeking work ☐ Unemployed and not seeking work ☐ Home duties / Carer of child(ren) ☐ Permanently retired ☐ Other
What is your postcode?	__ __ __ __
What is your relationship to the teen you are supporting?	☐ Biological parent ☐ Non-biological parent ☐ Foster parent ☐ Step-parent ☐ Adoptive parent ☐ Grandparent ☐ Other (please specify) _____
What is your teen's primary disability?	_____
What is your teen's age in years and months?	__ __ (Years), __ __(Months)
What is your teen's gender?	☐ Male ☐ Female ☐ Non-binary /gender diverse ☐ Prefer to self-describe_____ ☐ Prefer not to say
Do you currently receive any parent or family support services?	☐ No ☐ Yes If yes, please list which services you receive below _____
The following questions are about parenting. How strongly do agree or disagree with these statements (please tick):	
I have confidence in myself as a parent (MaaP-SF 1)	☐ 1 – Strongly disagree ☐ 2 ☐ 3

	☐ 4
	☐ 5 – Strongly agree
I know I am doing a good job as a parent *(MaaP-SF 2)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I have all the skills necessary to be a good parent to my child *(MaaP-SF 3)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I can stay focused on the things I need to do as a parent even when I've had an upsetting experience *(MaaP-SF 4)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
Using the scale 1-5 where **1 is Strongly Disagree** and **5 is Strongly Agree**, how strongly do you agree with the following statements?	
I am able to speak up about what our family's needs are to specialists and service providers *(Parent self-advocacy 1)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I know how to access the services and supports that we need, when we need them *(Parent self-advocacy 2)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I am able to speak up when a service or program is not meeting our family's needs *(Parent self-advocacy 3)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree

I feel confident supporting my teen to speak up for themselves *(Perception of teen self-advocacy 1)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I can help my teen learn to speak up about their needs and wants *(Perception of teen self-advocacy 2)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
The following questions relate to your teen's growing independence	
I know how to support my teen's independence **at home** (e.g., chores, cooking, cleaning) *(teen independence 1)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I know how to support my teen's independence **in the community** (e.g., using public transport, shopping, road safety) *(teen independence 2)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I can help my teen identify and manage risk when they make decisions *(teen independence 3)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I can help my teen to plan and prepare for their future (e.g., housing, financial or educational needs) *(teen independence 4)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I feel able to support my teen as they become more independent *(teen independence 5)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4

	☐ 5 – Strongly agree
I can help my teen access supports, tools and training if they need *(teen independence 6)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I have hopes that my teen will be able to independently participate in enjoyable work *(hopes for future 1)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I have hopes that my teen will be able to independently enjoy social activities *(hopes for future 2)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I feel confident talking with my teen about potentially sensitive topics (e.g., puberty) *(confidence to support teen 1)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I feel confident supporting my teen through potentially sensitive stages of adolescence *(confidence to support teen 2)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I feel empowered to support my teen's growing independence *(parental empowerment)*	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
Thank you for your valuable contribution to this research	

N.B. All items are notated in italics to indicate the domain of measurement

Appendix B. Brief post-workshop parent surveys

Teens and Beyond Post-Workshop Parent Survey	
Please provide the last 4 digits of your mobile phone number (so that we can match your responses across time)	— — — —
How did you take part in the workshop?	☐ Online ☐ Face-to-face
Thinking of today's session, please respond to the following:	
The information provided was easy to understand	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
The workshop was engaging	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I could interact as much as I wanted to	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
The videos in the workshop were helpful	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I have a better understanding about today's topics	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I felt understood and accepted today	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
We worked on things that are important to me	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree

I was free to share my concerns or ideas	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
My facilitator gave me choices and options	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
My facilitator showed confidence in me	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
I felt good about this session	☐ 1 – Strongly disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 – Strongly agree
Would you prefer website links for additional services and supports are given to you **after** the workshop with other resources or provided **during** your session? items?	☐ Post-workshop resources ☐ Provided during the session
The workshop was held at a convenient time	☐ Yes ☐ No
Thank you for your valuable contribution to this research	

Appendix C: Parent feedback from post-workshop surveys

Theme	Feedback from Session 1 (Groups 1-10)
What did you like most about today's session?	
Relevant and informative	Today's session was full of useful information
	All topics covered
	Great factual information
	The wealth of information and fantastic support, opportunities and examples I have gained great knowledge from today's session in supporting my son transitioning into adulthood.
	So much information! And informative stories about successes, and framing work as community engagement
	Was all very relevant
	Factual and relevant info
	I learnt many things
	Information I didn't know
	Broad range of information
	Everything to be honest. Info was so valuable
Presenters and delivery	Generosity and enthusiasm and knowledge
	Helen and Andrea presented so well
	The presenters were knowledgeable and approachable Presenter's enthusiasm
	The educators knew what they were talking about and were very engaging
	Excellent and professional presenters and presentation.
	Compassionate presenters and relevant content
	Relatable
	Great facilitators
	Engaging and friendly presenters with lots of valuable information
	Knowledgeable and flexible presenters
Enjoyed overall	Everything
Generated ideas and new thinking	Great to be encouraged to think outside the square and look at child's interests and strengths
	There was a mix of examples as well as resources. Many issues were covered that I had not thought about. It was clear and easy to follow. Great links.
	The process of identifying strengths and passions, interests and pathways.

	So much information to go away with and do some more research on :) Thankyou
	Relevance, reassurance and new options to think about for my son
Clear	Clear and easily understood
Helpful for planning	Good to help me with forward planning
	Options for post school
	Post school options and the make up of what a career Information about post school options which was new to me Information
	Options about school leavers
Validating	Reinforced where we are at with our son's employment options or post-school training opportunities
Accessible	All good, makes it easier being on zoom
Empowering	Empowering and new information
	Thorough and positive
Useful (specific information)	Finding further info about the DSP
	Info about NDIS and career options
	Many elements, strengths and interests, DSP, so many links
	Very useful practical information provided
	Tips and links
	Really brought a lot of separate bits of information together into a wholistic vision for me. Particularly loved the broader definition of career, and the concept of supporting financial independence being a pathway to supporting life independence.
Resources	So many links and information, but that we can take it away with us and work through at our own pace
	Information and links to all the info.
	Tips and links
	It was a great beginning point that covered topics that were really important all in on zoom and gave me links to look further if I need
	Variety of info - slides, videos
	Tip sheets
	sticky note exercise
	All the links to the resources required
	Links to factsheets. The information re financial supports is so complicated its hard to verbalise, need to refer to well laid out fact sheet

	The information on the DSP / Learning more about the supports available / Funding for support - resources I never knew about
	Wonderful, so much to think about. So much I didn't know about which was out there to help.
	Some great resources
Do you have any feedback to help us improve the program?	
Feedback comments	Informed about services Australia and ndis
	Thanks for all the hard work and links, I look forward to receiving them by email
	The session didn't really start until well after 10.30. I was pretty annoyed to have to complete the survey at the beginning.
	Liked Videos
	Thoroughly enjoyed the session. Thank you!
	Liked Small session (from Group 3)
	Excellent program, very pleased! Thank you!
	Great session, very valuable info
	Keep up the great work ACD (several participants gave this feedback)
	It is awesome just the way it is
	Was a lot of info and overwhelming at times
	Was not expecting session to run for so long. Started to get a little tired at the end.
	not sure: but I will reiterate how much work that I will have to do on behalf of my boys is overwhelming me
	Great and friendly presentation. Loved that they shared their personal stories
	Looking forward to next weeks session - thank you
	I guess it's awkward to share when it is with people I've not met before
	Information was useful and well paced.
	The presenters did not seem to be confident in some of the Medicare and Centrelink and mygov info. Some of their info was out of date.
	keep doing what you do, its great. i always get so much out of the sessions I attend.
Feedback requests	Save a video recording to offer participants to access at a different time, such as the evening for those who need to work?

	As a CALD background person, would be live caption will be helpful for later session.
	I would love the info they spoke about to be available on the slides or post the session. I felt there was a lot of info given verbally that was not written down anywhere. I was madly scribbling notes.
	Start with group introductions, or even ask people to introduce themselves in the group. I think this enables a feeling of safety in the group
	don't use acronyms please , it's exclusionary as it assumes you know something, overall very good thanks for the information second part was fantastic ! Should have been 2 hours
	Shorter introduction
	Excellent presenters, slides were great. Copies please
	Closed captions for the video. Provide notes before the session.
	Maybe the house keeping, like logging in and entering name prior to the meeting, to be included in email sent earlier.
	I would do the activity about identifying your child/dependents strengths before showing the videos of young people successfully finding employment - helps those of us struggling to figure out what our dependents could possibly do.
	Maybe a longer break as hard to focus online.
Feedback about timing/duration	Only strongly disagree of timing due to lockdown...!!! Thanks Ladies
	I wasn't aware the session would go for 2 hours but perhaps I missed it. It may be too long a session for that time of the evening. But definitely worthwhile information
	Maybe slightly too long for this time of night and online
Theme	**Feedback from Session 2 (Groups 1 to 10)**
What did you like most about today's session?	
Relevant and informative	It was very informative
	informative, interesting, the hosts!!!
	Realising reality
	Informative links and info for where to seek help
	Very valuable information
	Lots of information, but in a form that we can take away and just think about
	Relevant to where we are with our teen

	Practical suggestions as well as information and links to services
Presenters and delivery	Good pace, great presenters who are very positive, good content, professionally run.
	Great info and engaging presenters. Very compassionate and sincere
	Full of useful information that was very well presented
	The presenters were knowledgeable and approachable
	Very warm and encouraging presenters. Excellent links and resources for follow up
Shared experience	Real life examples
	All information and experience sharing
	Ideas sharing and options
	people sharing experiences
	Personal experiences shared
	Very practical advice. Lived experience from facilitators so beneficial
	Some great information sharing
	Developing independence and decision making
	Financial resources for preparing for the future
	Very informative regarding future planning for our son with disabilities and the fact that the facilitators shared their lived experiences or tips made it extremely useful and encouraging to get started with planning
	Helen and Kim's experiences were appreciated and relevant
Enjoyed overall	wide range of topics and again strong links and resources
	That there was so many things I learnt / became aware of.
Generated ideas and new thinking	The ideas things you need to think about, the resources
	Great ideas always something new to learn
	Opened my eyes to new thoughts and my son's future
	a lot of learning and realise I should really start involving my son to about decision making, independence and future planning
	Thinking outside the box about building independence skills
Interesting/engaging	So many opinions
	It was engaging and not dull
Helpful for planning	Even though a lot of the information seemed to be for older families (my son is 13) it was great to start thinking

	about the possibilities and steps i can add to his future goals.
	Brief overview of a number of areas/topics that will need addressing in the future.
	Very good reminder and recommendations regarding importance of getting my Will in place.
	There was a lot of information shared today so it is great to have access to links and info after the session to look at in my own time
	Creative thinking around future planning for our young people as they approach adulthood and how they will be supported if/when we die.
	Obtaining so much helpful advice to consider
	The info coincides with other workshops I attended before. Lots of early planning to think about.
Validating	Affirms we're on the right track and need to be looking to the next step to more adult responsibility and independent living
Empowering	Provided positive outcomes for teens moving towards independence.
	I learnt a lot that I have even contemplated I need to put in place
	New information to try with my teen, small steps and celebrate small achievements. Lots of new information to take away and read.
	Great information, lots of resources. It's good to have an understanding of how to navigate as my son becomes older.
Useful topics (specific information)	Wonderful links
	Receiving links to more information
	Lots of links to useful websites
	The links
	Numerous links that I will look at later
	Turning 18 and implications
	All the recommendations and links
	Wills
	The resources and videos
	Lots of ideas for independent living and social things
	Information about independence for teens
	Enjoyed discussion about risks and allowing these safely
	Risk taking discussion
	Wills, the future etc.

	Reminder to getting will organised
	Discussion around building independence and supporting decisions
	Information on leaving a will and special trust information
	Utilisation of support workers and how to participate more in community participation
	Everyday care plan prompt!
	Independence in the community and taking our child's lead in what they want to do
	Receiving all the links to useful info that I can read up on later
Do you have any feedback to help us improve the program?	
Feedback comments	Loved your session again. so much information. Thanks so much
	Having the information that we can take away and access again when appropriate is awesome!
	Was a little glitchy on my end cutting in and out at times
	I think the workshop (same as last week) was delivered very well and easy to understand. We were given the opportunity to give feedback and ask questions. For me, it was great to learn about options for the future for my son.
	It was interesting but for my own son he is very reluctant to try new things/experiences - especially with the most recent covid lockdowns
	It was great
	Should be more programs like this out there
	Great work ACD
	It was all very good - thanks so much for your time and dedication and giving to us.
	Facilitators relaxed and welcoming
	About right amount of chat from hosts, good to have the breathing and wee break
	A bit of tech support or learning for the facilitators might reduce the number of little glitches
	So much good info and lots of things I didn't know and now I have ideas to know where to go
	Very good session tonight and good to keep within 2 hours
	I think that it targets a need in the community
Feedback Requests	Are you able to email links- as some are using phones and iPads to access.

	More notes slides. A lot of info was verbal only and too quick to make notes on
	Try to have more available dates?
	An email with all the links to documents would be VERY helpful
	would be FABULOUS if ACD could provide lists of disability specialist lawyers . Problem often is time in trying to find one. I understand this isn't possible in reality just as AMAZE do not provide names of specific schools that welcome autistics. It's the research that is exhausting
	I feel there is a lot of information that is given vebally that isn't written on the slides. I feel I couldn't write fast enough to get all the info they said down on paper. It would be great if the verbal info was provided as well as the slides.
	Thought the section on choices as a bit too long, and meant that other information was rushed
	perhaps a list of where support can be accessed under topic headings. Time is valuable
	More information about where to find information about state housing options.
	Great job. Maybe just be mindful of reducing noise when showing videos (like typing on keyboard). The overview and also specifics that were provided.
	Wills and estate planning is a whole workshop in itself and is quite daunting. A follow up workshop on this would be great.
	If you could email the links that were in the chat page to everyone, together with the slide shows
	Relevance to my own situation at times. Tricky with different disabilities
Feedback on Duration & Timing	Maybe if it did go quite so long, it would be good
	It's great - but possibly slightly earlier timeslot 5-7pm
	Very late at night
	I thought the sessions ran for 2 hours not 2 and a half but maybe I had that wrong.

Theme	Feedback from Session 3 (Groups 1 to 10)
What did you like most about today's session?	
Relevant and informative	Gaining more information
	Moving into adult health care - important and totally slipped my mind
	Information, can never have enough

	Completely relevant to where my 15yo is
	I found today's session very useful and relevant to what I am going through at the moment
	Relevant topics were discussed
	Relevant with follow up resources provided
	Information and links provided
	Lots of resources and information that will be useful
Presenters and delivery	Helen is a gifted speaker
	Knowledge, experience and information of the speakers were outstanding. Thanks Kim and Michelle
	Great presentation
Shared experiences	Hearing from other participants and the moderators about specific programs that worked for them
	Shared experiences
	Other participants chat feed about friendships was helpful
	Learning about new resources from [each] other
	Personal stories
	Sharing all the great information, and everyone's ideas
	Hearing personal experiences and examples
	Information and hearing from other parents
	Hearing other's experiences
	Great group sharing, information and caring. We're in this together. Teenage years are another milestone we will get through.
	Topics covered, presenters personal experiences. Resources are useful too.
	Tips of lived experience to help us on our journey
	I valued the personal stories of experiences shared by the presenters
	Sharing personal experiences
	The information was practical and lived experience was also useful
	Shared experiences, parents adding to resources
Enjoyed overall	Practicality
	All information, well being and make friendships.
	You can ask any questions at all (would prefer shorter sessions)
	I was a little distracted today with my phone running hot, but I appreciate the time and effort in presentation materials

	All topics today were great
	All of it
	I really enjoyed all the of the resources provided and the discussion was very interesting and gave me some good strategies for my son.
Generated ideas and new thinking	There is so much help and information out there, I had no idea
Interesting	good resources, info about topics I need to explore more
Helpful for planning	Lots of tips to implement quickly as well as bigger picture things
	Having more resources to refer to
	So many resources!
	Start thinking about my son's support network/ friendship
Validating	That I am on the right track with my teen
Accessibility	All of it mainly its online and so much easier for me
	The small group made discussion easy
Empowering	Learning to support my son is possible and I'm not alone
Useful (specific information)	Honest & relaxed approach to discussing puberty.
	Links to services and connecting with other parents
	Excellent links to further info to follow up later.
	Resources around puberty and the parent info/resource sharing
	PBS
	It gave me an idea of what to include in my child's NDIS plan review
	Learning about resources available
	So much resources were given on puberty and mental health for my child.
	The list of resources
	Information about puberty. Social relationships and mental health
	Discussion about transferring to adult health services and social skills training like PEERS
	The information about wellbeing and how to support your teen and links to the information that will be useful
	Helpful links and friendly presenters with lived experience
	Information on wellbeing
	Learning about the transition plan and FPV workshops

	Information for accessing carer supports
	Talking and asking questions
	Way to encourage friendship
	Sex education increases safety and positive relationship and friendship
	All the new tips and ideas
Do you have any feedback to help us improve the program?	
Feedback comments	Thank you so much for empowering us
	I got a lot out of the workshop I can follow up on
	I was horrified to see a video about ABA and PBS in this presentation. Especially as there was no acknowledgement of the harm/trauma that the autistic community attributes to this type of "therapy"
	I get it is controversial but I felt a little uncomfortable about the PBS as it is really ABA in disguise which can be really detrimental to autistic people as it doesn't acknowledge bottom up
	I have concerns about the mention of ABA as the autistic community is very much against their experiences with it
	Whole course, so beneficial. So much great information that we can use.
	It is wonderful. Thank you
	Fabulous presenters and all very professional.
	(This might just be because I'm feeling very tired today) but this is such an emotionally loaded topic and I feel a conclusive moment in the workshop where we make some individual 'next steps.'
Feedback Requests	Continue to allow/make space for participants to share specifics, ask questions, etc.
	Perhaps face to face for a workshop to chat and meet other parents in person
	Please continue and do more workshops. Support the factsheet on your website with video snippets
	Just have more of them on targeted topics
Feedback on Duration & Timing	I think these sessions were scheduled as 2 hour sessions, yet every session ran over. It would have been good to know what time breaks were happening in advance.
	The program is great - I think the sessions are probably too long, 2 hours on a weeknight is a big investment for 3 weeks in a row. I understand that there is a lot of information to provide though
	Again, it's just the time slot but it's probably tricky to schedule any other time

Interview preamble

Thanks very much for agreeing to be interviewed about your experiences with the Teens and Beyond program.

Before starting we want to recap some of the information provided in the explanatory statement, which is that participation is entirely voluntary and if you'd like to stop the interview at any point, you can do so without having to provide a reason. It's also up to you whether you want to answer all of our questions.

The interview will be audio-recorded so that we can transcribe it afterwards. We can use a made-up name for you during this interview if this is something you would prefer. Do you have a pseudonym you'd prefer or are you ok to continue with your first name?

Do you have any questions before we begin?

Interview questions:

- Please tell us a little bit about your family
    - Number of children, and number of children with disabilities, in your family
    - Ages of children
    - Disability of young person(s)
- Could you tell us about your experience with the Teens and Beyond program in general?
    - What did you enjoy about the program (if anything)?
    - Was there anything that you didn't like about the program?
- How relevant did you find the information provided in the program?
    - Were there parts of the program that didn't apply to your situation?
- How helpful did you find the information provided in the program?
- What changes did you and your family experience (if any) as a result of taking part in the program?
    - Practical changes? E.g., access to new resources or services?
    - Changes in your views/opinions about your teen's adolescence?
    - Changes in the home? E.g., routines or roles?
- Were there any other needs that you or your family might have that you felt would have been addressed by the program but weren't?
- Did you participate in the program online or in person?
    - Could you tell us more about your experience with that mode of delivery?
    - Positive / negative aspects of delivery?
- How easy or difficult was it to participate in the program?
- Did anything make it easier for you to participate in the program?
- Did anything make it difficult for you to participate in the program?
- What would help you to take part in the program in the future?
- Do you have any advice on how the program could be improved to better meet the needs of parents of adolescents with a disability?
- How would you most like to receive parenting information/support in the future?

Appendix E: Staff Interview Questions

Interview Preamble

Thank you very much for agreeing to participate in this interview about your experience facilitating the Teens and Beyond program.

Before starting we want to recap some of the information provided in the explanatory statement, which is that participation is entirely voluntary and if you'd like to stop the interview at any point, you can do so without having to provide a reason. It's also up to you whether you want to answer any or all of our questions.

This interview will be audio-recorded so that we can transcribe it afterwards. We can use a pseudonym for you during this interview if this is something you would prefer.

Do you have any questions at all before we begin?

Interview questions:

- Please tell us a little bit about your role and experience as a facilitator for the ACD Teens and Beyond program.

- Could you also tell us about your experience implementing the Teens and Beyond program in general?
  - What worked well during implementation?
  - Was there anything specifically that supported you to implement the program? E.g., mode of program delivery? Resources? Sufficient preparation time? Realistic timeframe?
  - Were there any barriers to implementing the program? Were there any components of the program that were difficult to adhere to?
  - How did you feel parents responded to and engaged with the program overall? Was there group cohesion; did group members interact with each other / talk openly?
  - How do you feel you went adhering to the program components; did you manage to effectively cover all of the topics?

- Have there been any unexpected outcomes of the program (in terms of feedback received from parents)? (e.g., unintended benefits?)

- To what extent do you feel that parents from culturally and linguistically diverse backgrounds have been interested to take part in the program?

- How confident do you feel in supporting parents from culturally and linguistically diverse backgrounds

- Have you employed any specific strategies to support the engagement of culturally and linguistically diverse parents in the program (e.g., use of translators, offering materials in other languages etc.)?

- Are there any specific barriers or facilitators to engaging parents from culturally and linguistically diverse backgrounds?

- Could you tell us about your experiences in supporting parents from Aboriginal or Torres Strait Islander backgrounds to engage in screening and referral? Any barriers or facilitators to engaging?

- Are there any groups of parents who you feel might be missing out on the program?
  - Who / why?

- What would you say might be your needs (if any) in terms of professional learning in order to support and engage parents of teens with disability?

- As a result of facilitating the Teens and Beyond program, do you anticipate any changes in your practice in the future? Has it created any opportunities or barriers to how you facilitate the program going forwards.