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ACD Support Line: descriptive evaluation

Stage One report

Acknowledgement of Country

The Parenting Research Centre acknowledges and respects the diverse Aboriginal and Torres Strait Islander people of this country and the Elders of the past and present.

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1.0 Background

The Parenting Research Centre (PRC) was engaged by Association for Children with Disability (ACD) to conduct two independent but related evaluations of the ACD's telephone Support Line. The Support Line is a service to support families of children with disability who are experiencing concerns or disputes with their young person's education provider in relation to their child's access to, or inclusion at, school. The Support Line seeks to assist families by enhancing parental empowerment, knowledge of their child's education rights, and confidence to advocate for their child.

This is a brief report summarising the findings of the first descriptive evaluation which describes the purpose, goals and strategies of the Support Line in promoting effective service implementation. The descriptive evaluation comprised: the development of a theory of change which clearly articulates the Support Line's vision and mission; a brief review of the literature on advocacy in the disability and education sectors, including an overview of existing disability advocacy services in Australia; and a descriptive summary of existing Support Line data. The purpose of this evaluation was to clearly inform the design and implementation of an outcomes evaluation.

1.1 Overview of the ACD Support Line

In Victoria, around 15% of students are thought to require additional, reasonable adjustments and support to manage their disability at school, with only around 4% receiving targeted funding (Jenkin 2018). These families need to navigate the education system to promote and facilitate their child's educational opportunities, and many families benefit from support and advocacy to achieve this.

The number of families seeking assistance and advocacy from the Support Line since its inception in 2018 has increased by 85%, and in 2024, a total of 1,556 families were supported. If this growth continues, ACD anticipate their service will soon reach a projected 3,000 students/caregivers annually, with the cost to ACD in providing this service at approximately \$700 per student. Each case ACD support lasts approximately 4-6 weeks.

The practice approach of the ACD Support Line is to:

- Listen to the concerns of the family
- Explain the rights of students with disability
- Explain school processes and relevant Department of Education and Training policies
- Help the family prioritise their concerns
- Explain how the family can raise a concern
- Assist the family to communicate with the school
- Provide suggestions of what families can ask for
- Attend meetings (if necessary) at school with the family.

Currently ACD collect data about family demographics, satisfaction with the service, and self-reported improvement in self-advocacy at the close of each case to monitor outcomes and identify and support ongoing opportunities for improvement.

This feedback provides strong support for the service's value, including 95% of families reporting a better understanding of their child's rights, 92% having more confidence to speak up; and 90% reporting an improvement in their child's situation.

Families accessing the Support Line reflect the diversity of Victorian families, with almost 2% being Aboriginal or Torres Strait Islander, 17% from culturally diverse backgrounds, 14% from rural and regional Victoria, and 23% being secondary consults for at-risk families.

1.2 Evaluation of the Support Line

The questions guiding the current, descriptive, evaluation were:

- How can the Support Line service be conceptualised?
- Are the Support Line's priorities to enhance advocacy and parental empowerment consistent with its implementation?

We describe the findings of the evaluation activities below.

2.0 Desktop research

PRC conducted a brief scan of the literature in relation to advocacy for families of children with disability who face inclusion concerns within education. This included a scan of peer-reviewed evidence and grey literature, and reviewing the availability of existing telephone support lines and other sources of advocacy support in Australia. Below we describe the method and summarise the key findings of this review, followed by a tabulated summary of existing support options in Australia for families of a child with disability seeking advocacy in the education sector (Appendix A).

2.1 Search methods used to identify publications

We adopted a methodological approach based on rapid review procedures to search for relevant peer-reviewed studies and grey literature including technical and non-government research reports. Books, theses, and commentaries were out of scope. We developed broad search terms to capture the widest range of potentially applicable resources. Search terms used in database searches included: (disabil* advoc*) and (edu* or school*) and (fam* or parent*). A list of sources searched is provided in Appendix B.

Studies were selected for inclusion if they were English language, published since the year 2000, related to advocacy support in an education context, and targeted either the perceptions or needs of families, parents, caregivers of a young person with disability or developmental delay, or targeted the perceptions of other stakeholders including education providers or practitioners. All types of disability or developmental delay were in scope. One qualitative study was included because a key theme arising was in relation to school inclusion, though this was not the primary purpose of exploration in the research aims. Studies targeting families with a child with health concerns such as diabetes or cancer, were excluded, as were studies referring exclusively to home-schooling. We did not specifically seek out papers regarding specialist education contexts.

The initial pool of studies included database search results containing 528 papers. In addition, the first 5 pages of Google Scholar were scanned for relevant publications. An initial appraisal of article titles and subsequently of the abstracts from a smaller pool of studies resulted in 11 publications (8 peer reviewed and 3 grey papers) meeting inclusion criteria. A further publication shared within our network increased this to a total of 12 publications.

2.2 Publications: Key findings

Publications in scope have been summarised in Appendix C. Some of the themes arising from the literature included descriptions of the characteristics of families and their reasons for seeking advocacy support, the need for collaborative partnerships between caregivers and schools, the role of parent confidence in making educational decisions for their child, the importance of genuine 'inclusiveness' in the school community, and pathways to positive student outcomes. The overarching premise behind these themes is that an equitable approach to education can lessen the impacts or severity of disadvantage for people with disability across their lifespan and enhance the educational experience of all students. A snapshot of this literature is provided below.

A collaborative partnership between families and educational professionals is essential

Families of children with disability are often required to make a series of challenging educational decisions in relation to their child's schooling. An understanding of their child's right to education and engaging in conversations with educators early in the process, can improve the likelihood of a positive, collaborative relationship with educators, and create a sense of partnership rather than adversary (Hess et al., 2006). This is only possible within a reciprocal exchange of understanding and collaboration with the education provider, and therefore also requires the educator(s) to be aligned with the goal of partnership. A relationship based on collaborative partnership is particularly important where there exists an imbalance of power between parents and education providers, with the latter possessing disproportionately more power around educational planning (Hess et al 2006). Within a collaborative context, parents are not simply "passive recipients" of advice and direction but are accepted as knowledgeable advocates for their child (p.14 of Hess et al., 2006).

When parents and educators are aligned and collaborative, it leads to better student outcomes

Parents of a child with disability experience more distress, overwhelm, and challenges than parents of a child without disability (Hayes & Watson, 2013; Parsons et al., 2020; Sharma et al., 2021). An aligned approach between parents and education providers can help to reduce the burden on parents, support them more generally in their parenting demands, and enhance child wellbeing (Resch et al). When parents and educators are not working as allies towards inclusive education, the child is at risk of negative outcomes. For example, a lack of collaboration contributes to heightened parent distress, which in turn contributes to adverse outcomes for children (Resch et al., 2010, p.147). Ultimately, an adversarial relationship between parents and educators has the capacity to harm the student's educational opportunities and subsequent prospects in life (Fish, 2006).

Advocacy can support a nuanced, tailored approach necessary for identifying and addressing children's varied needs

Children have unique needs arising from their disability which can impact them fully accessing educational opportunities. An advocacy approach can support the tailoring of adjustments and supports towards specific needs based on caregivers' unique insight and experience. Sometimes, children with 'invisible' needs may require more 'spotlighting' (Ng et al., 2015), which can draw attention towards supports for fuller participation in, and assist with more, targeted educational planning. A collaborative partnership and active involvement of parents and caregivers may therefore promote more efficiency in inclusion by assisting in the identification of suitable pathways for meeting diverse educational needs. Through this lens, parental involvement through enhanced advocacy is a resource for improved educational planning and outcomes.

Family characteristics and advocacy-support seeking reasons and outcomes

Despite a considerable number of students needing extra support at school for their disability, there are limited descriptions in the literature about the characteristics of students and families seeking advocacy support in their education journey (Goldman et al., 2020).

Goldman and colleagues (2020) explored the characteristics of families with a child with disability seeking advocacy in relation to education concerns. The most common disability reported by families was autism spectrum disorder (ASD). Children were usually attending public schools in urban areas, and parents were most often seeking advocates to attend meetings over disagreements about services and supports, or to be proactive in learning and understanding their rights. Most families received advocacy support for no more than a month, with outcomes leading to compromises between the family and school, and the school meeting the family's needs. More intensive advocate assistance, and a longer duration, were related to better outcomes. Significant improvements in family-school relationships were found. A small number of families experienced ongoing disputes or a change of school. This is consistent with a qualitative report by Jenkin (2018) indicating that around 15% of parents of a child with disability feel unwelcome after enrolment and feel pressure to change schools.

Parents should feel confident in their knowledge to make educational decisions

If parents believe they lack knowledge about their child's education, they are more likely to defer to what they perceive as the expertise of the educational professional (Fish, 2006). This is contrary to a rights-orientated and equity approach to education which promotes collaboration and values the expertise of parents. Parental confidence can be enhanced with an understanding of one's rights and options, which can then be more effectively and appropriately articulated to others, enabling a sense of empowerment. One study reported that for caregivers, knowing their child's rights enhanced their sense of empowerment, while professionals viewed parental empowerment as involving self-care and confidence (Szlamka et al., 2022).

Inclusiveness is not just having input; it is a sense of 'belonging' and feeling welcome

In a qualitative study by Jenkin (2018), a minority of parents (around 15%) who had a child with disability described feeling unwelcome after suggestions from the school were made that they move their child to a different or specialist school. These recommendations were reported by parents as adding pressure to their child's education planning and contributed to a sense of exclusion in the school system. Parents expressing concerns around inclusion are then subsequently at risk of being perceived as a "trouble parent" (Resch et al 2010, p.147), further distancing them from the wider school community and a potential supportive network. Educational opportunities are not solely in relation to academic opportunity, but relate to the broader educational experience, including that all children and their families are part of the school community. Disability inclusion practices can reduce the risk of marginalisation and contribute to a more cohesive school community by fostering a sense of belonging and connection for all families.

One way that inclusion can be enhanced in practice is to ensure teachers are trained and supported to demonstrate a caring and open approach to communication with parents (Hess et al., 2006). Teachers are likely to be the first port of call for families with concerns about their child's education, engagement, and experiences at school. This approach capitalises on the role of teachers as the "bridge" between the family and the education sector (Hess et al., 2006, p.13) by facilitating a sense of belongingness beyond mere participation in school and education activities. Teachers are uniquely placed to enhance connection to the school community in that they regularly interact with the broader educational provider as well as its beneficiaries. Parental perceptions about teachers' having a caring and open approach have been found to be more important to a sense of inclusion than teaching expertise level, years of experience, or area of practice (Hess et al., 2006).

Families and inclusive schools are compensating for non-inclusive educational providers

Schools not actively adopting inclusive practices can lead to families relying on or seeking an inclusive education outside of their zoned public school (Jenkin et al., 2018). This can contribute to additional pressures placed on families to move house or travel long distances to educate their child, while the out of zone school also caters for larger numbers of students with additional needs than what might be expected, requiring additional resources and teaching capacity (Jenkin et al., 2018). Neither of these outcomes are desirable where a practical and equitable solution is available by addressing the culture and practices of non-inclusive schools through a combination of education and advocacy.

An evidence-informed approach is the foundation of family advocacy and empowerment

The Support Line adopts an evidence-based approach that recognises:

1. The importance of families understanding their child's rights to enable them to confidently and effectively self-advocate.
2. The value of collaboration between schools and parents to build positive and constructive relationships and promote shared decision-making.
3. The need to address power imbalances by positioning parents as experts on their child.

Implications for practice

Key practice implications arising from this evidence scan include the following:

1. Actively build parental understanding of their child's rights
2. Involve parents as partners in decision-making by recognising them as experts of their child's needs
3. Adopt positive communication strategies early to prevent problems worsening
4. Promote rigorous advocacy processes to support better outcomes, and promote advocacy attendance at school meetings as needed
5. Evaluate and monitor the experiences of families for satisfaction with advocacy and effectiveness of advocacy support. Reasons for dissatisfaction with advocacy should also be collected to inform continuous improvement.

3.0 Support Line Theory of Change

3.1 Theory of Change Overview

The Support Line’s Theory of Change was developed in alignment with the organisation’s vision and mission at a theory of change workshop facilitated by the PRC in February 2025. The resulting theory of change provides a rationale for the Support Line’s service and depicts logical connections between the outcomes at different stages of the service. While not a strict causal pathway, the outcomes identified across different levels of activity provide a shared understanding of the Support Line’s goals and a framework for evaluating service outcomes.

Vision

An overarching statement about what will happen if the Support Line is successful

Support an inclusive community where children with disability and their families thrive.

Mission

A statement of what the Support Line and its partners need to do to achieve the vision

Empower families, build inclusive practice, and advocate for children with disability and their families.

Beneficiaries

The following outcomes in Table 1 explain the steps the Support Line takes to achieve outcomes for its main beneficiaries: children with disability and families raising children with disability. It identifies the primary pathway to achieving these outcomes as building capacity of parents, carers, and education/service providers.

Table 1. Theory of Change: Outcomes

Implementation outcomes	Engagement outcomes	Mediating outcomes	Intended outcomes
Rights-based	Increased understanding of child’s rights	Increased knowledge, skills and confidence to self-advocate for their child	Improved education outcomes for students with disability:
Family centred	Increased understanding of processes to raise and resolve issues	Increased understanding of the child’s needs by education setting or other service	Increased attendance and participation
Relationship-based			Increased safety
Strength-based	Actively involved in child’s education or relevant services	Increased collaboration between families and education setting	Increased learning outcomes
Diversity affirming		Increased effective reasonable adjustments	Increased year 12 completion
		Improvement in child and family wellbeing	Increased positive attitude towards school
		Contributes to identification of systemic issues and solutions	

3.2 Theory of Change Outcomes

The ACD's vision and mission formed the foundation of the theory of change (Table 1) which specified four types of outcomes: (1) Intended outcomes – the outcome sought for the beneficiaries; (2) Mediating outcomes – the mechanism of change; (3) Engagement outcomes – the degree of participation necessary for the parents, carers and service providers; and (4) Implementation outcomes – the immediate results of practice.

The intended outcomes of the Support Line are based on the Disability Inclusion Reforms and aim to increase the wellbeing of children with disability and their families. The parents, but also the education/service providers, are recognised as important change agents that can lead to the intended outcomes. Depicting the outcomes as a series or process also emphasises the importance of increasing self-advocacy skills and enhancing relationships to sustain positive changes in child well-being in the longer term.

Intended outcomes

The intended outcomes of the Support Line aim to increase the wellbeing of children with disability and their families by improving longer-term educational opportunities, experiences, and outcomes. The outcome pathways that contribute to these intended outcomes is briefly described below.

Mediating outcomes

Six mediating outcomes are seen as the key mechanisms of change to achieve the intended outcomes and require the active participation of key agents of change in the child's life. The first pathways include *families having increased knowledge, skills and confidence* to advocate for their child. This coincides with the goal to increase understanding of children's needs and collaborate to raise and address issues relating to their child's education access and experience. Identifying systemic issues and solutions, and increasing effective reasonable adjustments, are also mechanisms for change that will help transform outcomes into longer-term intended outcomes.

Achieving these broader outcomes would reduce the need for intervention to address disputes, which is costly and resource intensive. While these outcomes are distinct, they are interconnected, that is, the child's support needs being met, is related to their well-being.

Engagement outcomes

Three engagement outcomes represent families being able to effectively engage with activities and services that lead to mediating outcomes including *families having an increased understanding of their child's rights, an increased understanding of processes to raise and address issues and being actively involved in their child's education or relevant services*. These outcomes support a capacity-building approach whereby families actively engage to work towards positive outcomes, rather than as passive recipients of direction and advice.

Implementation outcomes

Five implementation outcomes are seen as the immediate effects of the Support Line's approach to clients contacting the service for advocacy support. A *Rights-based* approach ensures families learn about their child's rights to support a deep understanding about the steps they can take. In parallel, a *diversity-affirming* approach taking into account the broad diversity and experiences of families in a responsive and non-judgemental environment, coupled with a *family-centered* approach which recognises families as experts of their child and ensures the family are involved and centered in all decisions affecting their child, supports the development of *trusting relationships*, and enables families to focus and build on what the family can do to improve outcomes as part of a *Strengths-based* outcome.

4.0 Descriptive summary of Support Line data

A summary of the Support Line data collected by ACD between 2022 and 2025 is provided below, including parent perspectives on the service, and demographic data. The data was cleaned and checked for normality prior to conducting descriptive statistics, with no outliers or out of range values identified. The purpose of this analysis is to provide a high-level visual overview of parent perspectives of the Support Line, and outcomes after receiving advocacy support.

4.1 Sample Characteristics

Demographic information about families contacting the Support Line is described below from a sample of 5,591 families. Most of the contact with the Support Line is made by the child's parent ($n = 4,800$), followed by a service provider ($n = 720$) (Figure 1). Most families reported having National Disability Insurance Scheme funding ($n = 3,868$) (Figure 2). Families were predominantly located in metropolitan Melbourne (Figure 3), which is slightly higher than general population geographical location (Appendix D, Table D2).

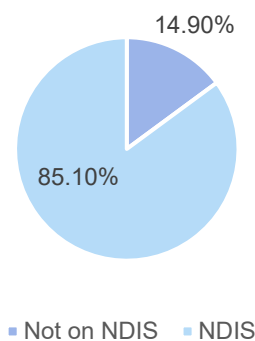
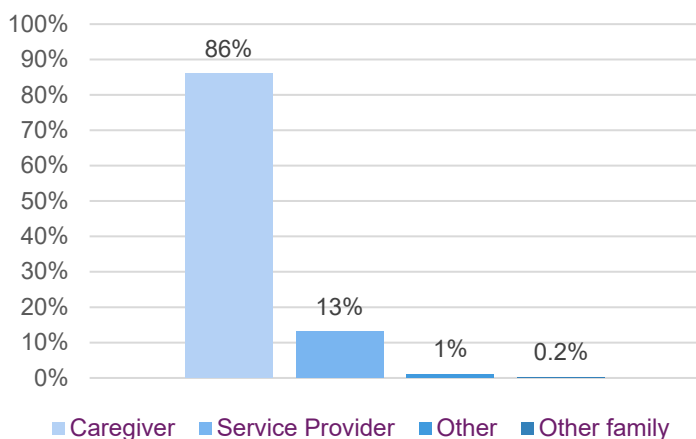


Figure 1. Support Line contact

Figure 2. NDIS funding

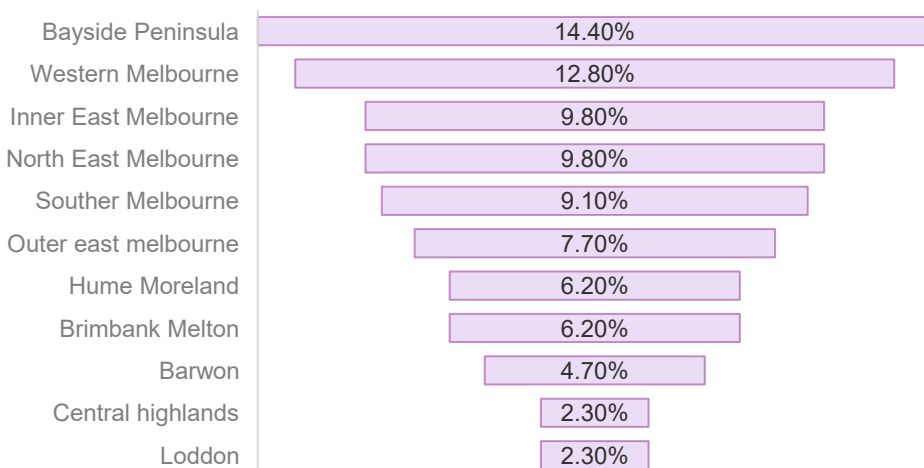


Figure 3. Residential area

Cultural and First Nations identities

Families identifying as being from a culturally and linguistically diverse background made up 18% of the sample ($n = 1,016$; Figure 4). This is slightly lower than the wider Victorian population of

29.9% born overseas, and 30.2% who speak a language other than English at home (ABS, 2021a). Those identifying as Aboriginal and/or Torres Strait Islander comprised 1.1% ($n = 60$), which corresponds to the broader Victorian Aboriginal and Torres Strait Islander population of 1.0% (ABS, 2021b). Families reported 91 children as Aboriginal or Torres Strait Islander (1.6%, Figure 5). Other than identifying as Australian, some of the most frequently reported cultural identities included Indian, Chinese, Lebanese, Vietnamese and Sri Lankan.

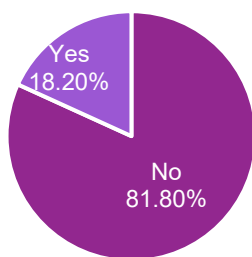


Figure 4. Culturally and linguistically diverse background

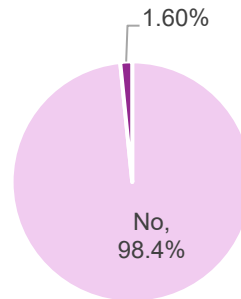


Figure 5. Child reported as Aboriginal or Torres Strait Islander

Child characteristics

The primary disability reported by families in relation to their child was Autism, followed by ‘other’ which encompassed several parent-reported child disabilities of low frequency (learning disability, speech/communication disability, genetic/chromosomal disability; acquired brain injury; mental health; blind/low vision; deaf/hard of hearing; and unknown) (Figure 6). In Australia, the prevalence of diagnosed Autism is 3.2% of all school students (ABS, 2024).

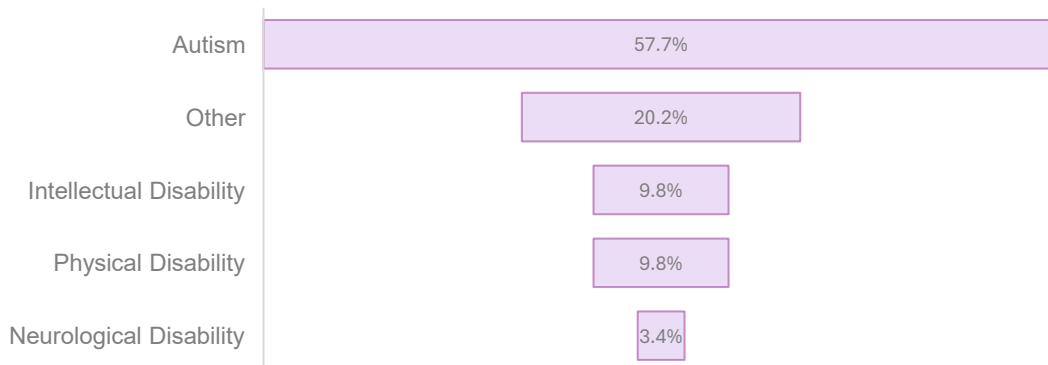


Figure 6. Child's primary disability

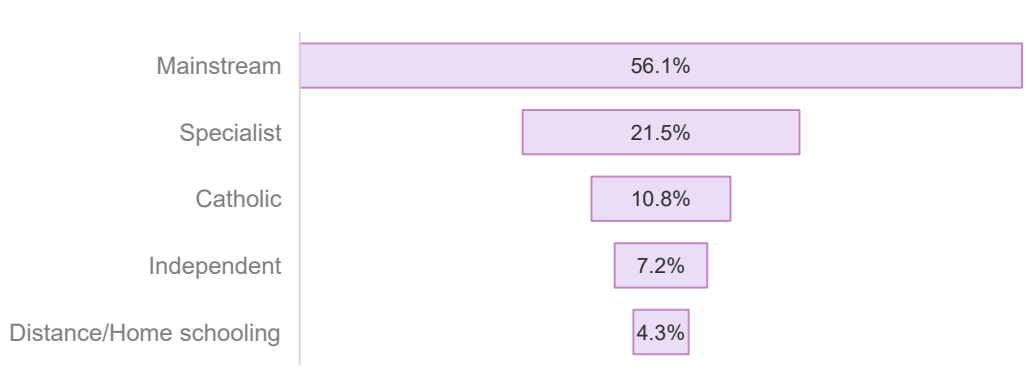


Figure 7. Child's education type

Most children attend a government school (Figure 7), and the majority have not reduced their school attendance ($n = 5,056$; 90.4%).

Type of advocacy sought from the Support Line is depicted in figure 8, with most families seeking empowerment advocacy ($n = 3,645$).

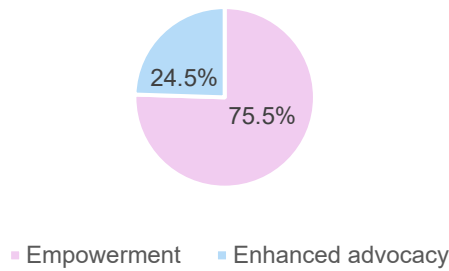


Figure 8. Type of advocacy sought from the Support Line

4.2 Parent feedback on the Support Line

Parents provided feedback after receiving assistance from the Support Line. They were asked whether the information provided to them was easy to understand, if they had an improved understanding of their child’s rights, if they felt more confident speaking up for their child, and if the Support Line’s assistance helped to improve their child’s situation. As there were no significant between means on each question between cohort (year of service between 2020 and 2025), responses were collapsed across cohort and are presented below in Figures 9 to 12. Means by cohort are provided in Appendix D.

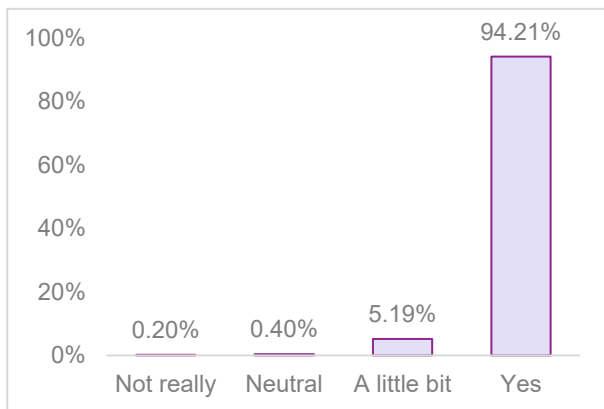


Figure 9. Was the information provided easy to understand?

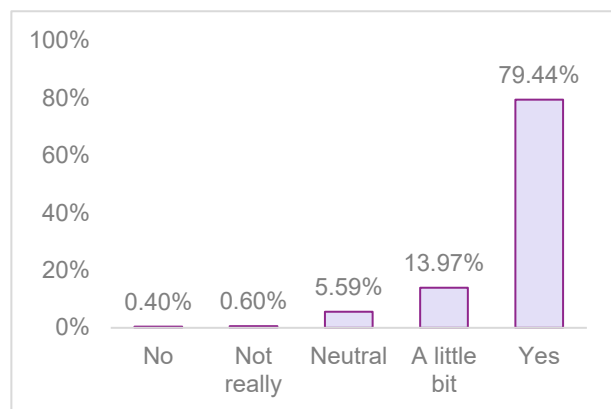


Figure 10. Do you have a better understanding of your child's rights?

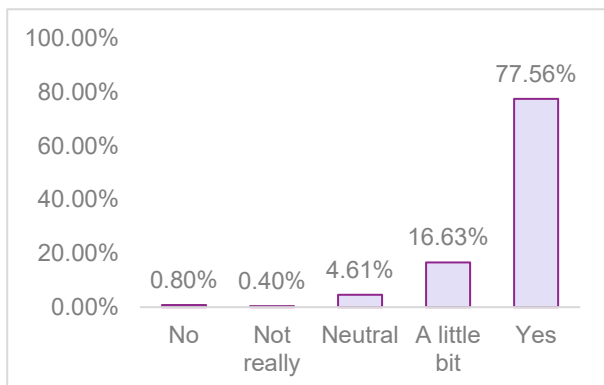


Figure 11. Do you feel more confident speaking up for your child?

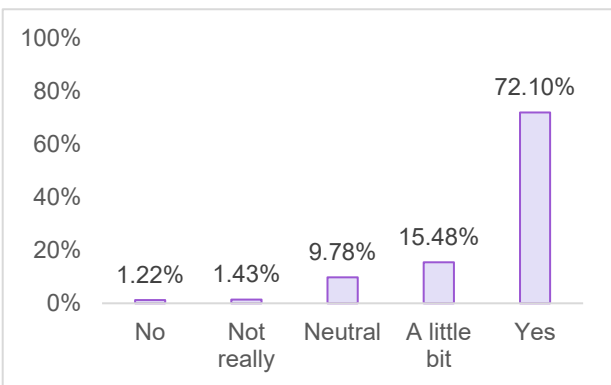


Figure 12. Did our assistance help to improve your child's situation?

5.0 Family perspectives of the Support Line

ACD collected data from a subset of family between 2021 and January 2025 about their perspectives on the service ($n = 501$).

Families reported that the information provided by the Support Line was easy to understand ($M = 4.93$, $SD = 2.86$); and they had a better understanding of their child's rights ($M = 4.71$, $SD = 0.63$). Families also felt more confident speaking up for their child ($M = 4.70$, $SD = 0.65$); and felt that the Support Line's assistance improved their child's situation ($M = 4.56$, $SD = 0.82$). Means and standard deviations per cohort (year) are provided in Table 3 below.

5.1 Family Feedback

Relationships-based service

Many parents praised specific staff members for their ongoing support, demonstrating the **positive impact of a relationships-based practice approach**. Parents described that good relationships with staff members reduced their anxieties and frustrations with navigating school supports. For example, "[ACD Advisor] always makes me feel at ease as I know she always does her best and has helped me in many situations. She's always one step ahead when helping me and takes my stress away, making it easy for me. I can't express my gratitude towards her and how much she has helped me."

Many referred to 'soft skills' such as being friendly, kind, and caring, which made them feel more comfortable, particularly during challenging interactions with schools.

"[ACD Advisor] was lovely and very helpful. I was very distressed and kept interrupting her when new thoughts popped into my head. She was very understanding and helped with a response to school which was appreciated."

"[ACD Advisor] was amazing and so informative. Also, friendly and understanding."

"[ACD Advisor] was very kind, supportive, respectful and caring."

Parents consistently praised staff members for their empathy, compassion, and **non-judgemental attitudes**. In some instances, this was specifically linked to staff members' personal knowledge from advocating for their own children with disabilities. These parents described feeling **less isolated** because of their interactions with staff members who could better connect with them based on **shared lived experiences**.

"[ACD Advisor] was so awesome and understanding. Her lived experience made the conversation inclusive, and her recommendations will be valuable for [child's] next PSG"

"The empathy shown, given the agent has their own child with special needs and has experienced similar."

Parents consistently reported **'feeling heard'** by staff members, who took the time to fully understand their circumstances and provide personalised support. Some specifically referred to the comprehensive nature of meeting summaries and tailored follow-up advice which **reflected their individual needs**.

"I always feel listened to, which is confirmed with the follow up email to outline what was discussed and the advice given. I'm always blown away with how amazing and accurate the follow up summary notes are."

"[ACD Advisor] listened and provided knowledge and support in regards to my client's situation including follow up email with supporting evidence."

Most open-ended feedback from families was **highly positive**. Families consistently reported that **they felt heard, validated and supported** by the service. Some made favourable comparisons to negative experiences with other service providers.

When asked what families liked most about the support line, parents often referred to the **quality** of their interactions with staff members.

Increased understanding of rights and processes

Many responses focused on how the service increased their understanding of their rights and processes for accessing support. Parents generally described staff as highly knowledgeable about disability rights, education systems, and policies. Many responses indicated that the advice they received was accurate, specific, and practical. Parents expressed that they could **trust the accuracy of advice** they were given because it was based on relevant policies. For example, one parent described that the information was supported by "...the specific laws and the responsibilities of schools [about] kids with disability [and their] equal opportunity for education."

"I was very impressed by the depth of knowledge the support worker had that was specific to our situation. I can't emphasise enough how incredibly helpful this conversation was, and the resources provided via email were fantastic."

Most parents found the advice to be very **helpful to their circumstances**. This included both guidance on courses of action, and recommendations to other service providers and sources of information. They indicated that advice provided helped them **better understand their child's rights** and take informed next steps.

A few parents expressed that the advice they were given was difficult to understand due to the quantity and complexity of written information. One parent noted that *"Initial emails are wordy."* However, one parent indicated that staff adapted their conversation as a service user with English as an additional language.

"[ACD Advisor] listens to what I was trying to say and considering that English is not my first language, she did very well in understanding our situation."

Parents particularly appreciated when staff members took the time to explain policies and procedures and checked for understanding. Many appreciated receiving **step-by-step guidance** to navigate the complicated process of applying for formal supports.

"The support and advice really helped me to understand where we went wrong. Made sense of the term 'supporting evidence'."

"[ACD Advisor] was very helpful and patiently explained things and followed up with further information and offering further guidance, which made me feel less overwhelmed and alone in trying to advocate better for my son's needs with NDIS."

Most parents indicated that the service **provided them with the knowledge they needed**. Some parents indicated that having an advocate **helped them become more confident** to advocate for their families independently in the future.

"I am now feeling confident and strengthened in my knowledge of what I can support the family with communication and engagement with the school."

"[ACD Advisor] has been very informative and has empowered us with the knowledge we needed to start advocating better for our children."

Empowerment and Advocacy

Overall, most parents indicated that the service enabled them to feel more confident in advocating for their children.

"If it wasn't for having the advocate on board and assist advocating for my daughter's needs, we would never have commenced the psychologist assessment which I had been requesting for over a year."

"She [ACD Advisor] gave voice to our family, and she ensured it was loud and clear to the school."

Other parents indicated that staff members increased the hostility of their relationships with schools. These parents indicated that staff had generally done a good job of advocating for their families, but that this was ineffective due to power imbalances and structural issues.

"Unfortunately, it is not up to me or your organisation what will happen next. I know [school] was not very happy that [ACD Advisor] attended this meeting. And at the end it will be up to [school] if and what kind of intervention they will provide. I have a much better understanding of my child's rights. Unfortunately, it is still fighting all the time to get the right support."

"Despite [staff member] being amazing, child protection did not listen to her at all. She ended the advocacy meeting early as it was clear they weren't budging from their biased position. She recommended I contact DDSL [the Deputy Designated Safeguarding Lead]. Unfortunately, they can't act fast, they can likely only act retrospectively in our case, so I've had to find a private child support lawyer."

Easy-to-use service

Most parents described the service as responsive and easy to access. Some expressed appreciation about receiving responses on weekends, and for being able to talk to someone directly instead of searching for answers online. Some referred to the consistency in outreach which gave them reassurance about the availability of support. This included calling back if a parent did not answer the phone immediately and following up with email contact.

"I also value the continued follow up with messages after my initial contact where I wasn't able to respond quickly. I think this is a valuable way to ensure when a carer makes contact and doesn't get back in touch soon that they know this support is still available."

"Very accessible, sometimes emails which suits me with a baby I'm often putting for a nap so not always available to talk on phone."

For the most part, parents described receiving **timely and consistent follow-up**. Although several referred to longer-than-desired wait times for a callback, most of these parents remained appreciative and acknowledged the limitations of staff capacity.

"I'm also very thankful for the staff, because when I left a message in the phone line, there were always people returning my phone call, checking on me, that was really nice."

"We understand that resources are limited just the wait time for someone to get back to us takes a couple of days."

However, a few parents expressed anxiety about unclear response times, noting they felt unsupported during stressful moments: *"Sometimes, it feels scary when the phone answering message says, 'we will get back to you'".*

Improved education outcomes

Parents highlighted that their improved understanding of their child's rights led to better outcomes for their families.

"I really really appreciate talking to someone who understood multiple disabilities and could refer me to specific sources of information and where to go for more help."

"Without her, we would be in a much worse position and wouldn't have had the outcome (which was the best outcome for us and our child) we had."

Many expressed that staff participation in school meetings and ongoing support made a tangible difference in outcomes.

"[ACD Advisor's] support has been absolutely outstanding. I could not have achieved the changes now made at [child's] school without [her] knowledge, advocacy and support."

5.2 Recommendations from families

Increase awareness of the Support Line

Many families expressed that the community would benefit from greater awareness about the services that ACD offers. Some families suggested that **the service should be promoted more widely** especially to families unaware of it during earlier stages of their challenges.

"Gosh, wouldn't it be nice if all the NDIS planners and LACs [Local Area Coordinators] were telling people about you as an outstanding community connection."

"You are doing excellent job, I wish all mothers out there would know about your services!"

Simplify the intake process

Some parents made suggestions to improve the intake process. One parent explained confusion about the initial contact, specifically that this meant she had to provide personal information on more than occasion.

"I wasn't aware that when I called up that there was a reception/intake before I spoke with an advisor, so I had told my story twice, but that's okay."

Others recommended greater clarity about the initial waiting time between requesting and receiving service.

"Book in phone appointments / give advance notice in advance via email so I know when to expect a phone call and can be available."

" Possibly an email or notification ahead of time when the phone call would be made to the person who placed the referral."

Finally, some parents offered recommendations which would offer greater flexibility, assist families with time management, and make participation easier. These included providing advance notice regarding when to expect phone calls, the option to schedule phone calls within a specific window of time and ensuring that caller ID labelling clearly stated the name of the service so that parents would know to pick up the phone.

"Book in phone appointments / give advance notice in advance via email so I know when to expect a phone call and can be available."

Finally, one parent expressed a preference for videoconferencing over phone calls, stating that this would be more accessible for children with disabilities and would assist with communicating as a person who speaks English as an additional language.

"It would probably be better if we could speak to your advisors via platforms like Zoom or Google meet, so they see the child with autism on camera. Coming from a non-English speaking country, I find it hard to describe actions or characteristics verbally."

Simple written information

Another suggested that an easy-to-read summary sheet would be helpful.

"There is so much information to read and possibly it would be good to have the main points highlighted as a reference point."

This constructive feedback was limited to written correspondence. Most parents expressed satisfaction with verbal communication.

Higher intensity of service

Conversely, a very small number of parents expressed dissatisfaction the intensity or level of the service. They described receiving only general advice which they felt was unhelpful. These parents expressed disappointment that their expectations for practical assistance were not met.

"If your advice is just to look at websites or go to online forums - then you aren't helping me, at all. Incredibly disheartening and disappointing. You can't 'recommend' schools, but you could at least have resources/ your own forums advising what is out there. You are just a search engine."

"I asked for help and support and was told to do everything myself. Was a waste of my time."

Conversely, a small number of parents expressed dissatisfaction with the level of advocacy they received. A few expressed that staff members were unable to attend meetings to support them, or desired additional follow up.

"ACD could have made a meaningful difference through the adoption of a more active advocacy approach. While guidance was appreciated, the lack of proactive intervention on critical issues, left me feeling unsupported. At meetings, addressing power imbalances and standing up when families are sidelined is essential. Active advocacy ensuring consistent follow-up, holding schools accountable, and empowering families would create fairer outcomes for children with disabilities and reduce advocacy fatigue and carer burnout."

"Follow up of initial enquires is always nice, just to check in to see how things went and if the person needs any more guidance/assistance."

Educate teachers

Some parents expressed that it would also be helpful to offer resources directly to educators, for example, by helping educators better understand the rights of children with disabilities by offering fact sheets or information sessions. They suggested that these resources could also provide information on how to appropriately respond to the needs of children with disabilities, including:

"To provide parents and teachers some useful resources and links to support the case or concerning issues."

"Information sessions with schools so that they are aware of reasonable adjustments."

"A fact sheet stating in brief the difficulties ASD children face in seemingly noneventful spaces (i.e., waiting rooms), the rights of disabled people and expectation of respect, dignity and support to individuals and carers. Educate teachers about internalizing ASD."

"Maybe more visuals and resource packs directed to schools around what we see and what we don't see around impulse behaviours."

6.0 Conclusions

The ACD Support Line's theory of change shares its mission and vision with the organisation's overarching vision, which is to support an inclusive community where children with disability and their families thrive. It clearly articulates the outcomes sought from the provision of advocacy support for families of children with disability within the education sector and identifies children and their families as the primary beneficiaries of the service through a series of outcomes across service delivery.

A brief review of the literature on advocacy support for children with disability indicates several pathways to a more equitable and inclusive educational experience in which both the child with disability and the broader school community benefit. The evidence arising from the literature aligns with the Support Line's priorities of children's rights and family collaboration to advance improved outcomes for children with disability. The evidence scan highlights the value of an equitable approach which encompasses meaningful inclusion in the school community, training and supporting teachers to provide effective inclusive communication, and a partnership between the family and education provider. In addition to families increasing their knowledge about their child's rights and improving their confidence to self-advocate, the education provider, and particularly the teacher, play an integral part in creating a sense of genuine belonging within the school community and a shared understanding of equal access and opportunity to education.

A brief description of data currently collected by ACD indicates the Support Line is likely to be reaching a representative community of families, including some of the most frequently presenting disabilities in children, diverse cultural identities, and geographical spread encompassing greater Melbourne and regional areas of Victoria.

In their open-ended feedback, families described overwhelmingly positive experiences with the Support Line encompassing several key themes: the view that the Support Line is a relationships-based service, their increase in understanding their child's rights and the processes in reaching resolution, a greater sense of empowerment and advocacy, and the responsiveness, ease of access, and efficiency of the Support Line's approach to communicating. The feedback, collected over a period spanning five years, reflects different periods of service delivery, with many suggestions being adopted by ACD to improve the service. For example, challenges parents experienced with the information and intake process have resulted in updated and simplified written information and clearer processes around intake and access to advisors.

Most Families find the information provided by ACD easy to understand and developed a better understanding of their child's rights. Parents also report feeling more confident advocating on behalf of their child, and that assistance provided by the Support Line improved their child's situation. Parent responses appear to remain consistently positive over time.

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Appendices

Appendix A. Overview of websites and services in Australia for families of a child with disability seeking advocacy in education

Service	Eligible concerns or issues	Jurisdiction
<p>People with Disability Australia (PWDA): https://pwd.org.au/get-help/supporting-students-with-disability/</p>	<ul style="list-style-type: none"> • Advocacy information services and advocacy assistance in the Education sector 	<p>NSW</p> <ul style="list-style-type: none"> • Sydney • South-Eastern Sydney • South-Western Sydney
<p>Disability advocacy services for families in Australia (not support lines) https://www.das.org.au/</p>	<ul style="list-style-type: none"> • Advocacy information (across sectors) 	<p>Northern Territory</p> <ul style="list-style-type: none"> • Alice Springs, Amoonguna, Tennant Creek and surrounding areas in Central Australia.
<p>Aged and Disability Advocates remove www.ADAustralia.com.au</p> <p>Service for anyone with a permanent, or likely to be permanent, disability.</p>	<ul style="list-style-type: none"> • Advocacy information and advocacy assistance (general; across sectors) - Support with problems with providers, supports, or government agencies 	<p>Queensland</p> <ul style="list-style-type: none"> • Redlands • Beenleigh • Logan • Gold Coast • Central Qld
<p>Family Advocacy https://www.family-advocacy.com/ordinary-lives/school-years/</p> <p>Service for people with developmental disability. Provides information, education, and resources to promote self-advocacy. Does not advocate on behalf of client and therefore does not case manage.</p>	<ul style="list-style-type: none"> • Advocacy support across sectors for people with developmental disabilities • Early Childhood • School Years • Housing • NDIS 	<p>New South Wales</p>
<p>Queensland Advocacy for Inclusion: they also help parents https://gai.org.au/young-peoples-program/</p>	<p>Advocates help children and young people (from birth to 18 years) with disability in Queensland (general advocacy, including education)</p>	<p>Queensland</p>

<p>Disability Rights Advocacy Service (SA) DACSSA: https://www.dras.com.au/</p>	<p>Advocacy information, and general advocacy assistance (including education)</p>	<p>South Australia:</p> <ul style="list-style-type: none"> • Adelaide metropolitan area • Adelaide Hills • Murray Bridge • South East SA and Coorong/Riverland
<p>Regional Disability Advocacy Service https://rdas.org.au/ Remove</p>	<p>Advocacy information and advocacy assistance</p>	<p>VIC and NSW</p> <ul style="list-style-type: none"> • North East Victoria • Southern NSW
<p>Youth Disability Advocacy Service (VIC) https://www.yacvic.org.au/ydas/advocacy/get-advocacy-support/#TOC-2</p>	<p>Advocacy information and advocacy assistance for disabled young people, aged 12 to 25 (general)</p>	<p>VIC</p>
<p>Developmental Disability WA https://ddwa.org.au/</p>	<p>Support coordination, individual advocacy and family peer support for developmental and intellectual disability</p>	<p>Western Australia</p>
<p>ACD Tas https://acdtas.com.au/</p>	<p>Information and training, advocacy, case coordination, consultancy and peer support services</p>	<p>Tasmania</p>

Appendix B. Evidence scan sources

In addition to a search conducted in Google Scholar, the following databases were searched between 16 January and 31 January 2025:

- EBSCOhost Academic
- CINAHL
- Psychology Database
- DOAJ Directory of Open Access Journals
- Gale OneFile: Psychology
- ROAD: Directory of Open Access Scholarly Resources
- Psychology & Behavioral Sciences Collection
- Taylor & Francis: Master
- PubMed Central
- Springer Nature
- Wiley-Blackwell Open Access Titles
- Wiley Free Content
- SAGE Psychology Collection
- Medline Complete
- BioMedCentral
- JSTOR Early Journal Content
- Elsevier ScienceDirect Journals

Appendix C. Research Desktop References

Citation	Methodology	Sample	Aim	Findings
Burke, M.M. & Goldman, S. (2024). Exploring the motivation, process, and barriers for replication of a special education advocacy program. <i>Journal of Developmental and Physical Disabilities</i> .	Qualitative	Community-based agencies	To explore the replication of advocacy programs.	There are common motivations to provide advocacy for parents and students. Capacity and funding were common limitations to replicate programs.
Burke, M.M., Lee, C.E., & Rios, K. (2019). A pilot evaluation of an advocacy programme on knowledge, empowerment, family-school partnership, and parent well-being. <i>Journal of Intellectual Disability Research</i> , 63(8), 969-980.	Quasi-experimental	Mothers (n = 17)	To determine effect of advocacy on parent knowledge of rights, family-school partnership, empowerment, and well-being.	Compared with 17 wait list control group participants, the 17 intervention group participants demonstrated improvements in special education knowledge, self-mastery. Decreases in family-school partnerships. Increases in empowerment and knowledge at follow-up.
Fish, W.W. (2006). Perceptions of parents of students with Autism towards the IEP meeting: A case study of one family support group chapter	Case study, Focus group	Families (n = 7)	To investigate how parents of children with autism perceive being valued by educators during an individualised education program.	Parents believed educators did not value parents as equals or adhere to the program objectives to facilitate student success.
Goldman, S.E., Burke, M.M., Casale, E.G., Frazier, M.A., & Hodapp, R.M. (2020) Families requesting advocates for children with disabilities: The who, what, when, where, why and how of special education advocacy. <i>Intellectual and Developmental Disabilities</i> , 58(2), 158-169	Structured interviews	Families (n = 36)	To understand who what when where why advocacy was sought by families	Compared to national norms, families were more likely to request an advocate if their child had ASD, was in elementary school, and lived in non-rural areas. Family requests were most often for advocate attendance at IEP meetings; help to resolve disagreements with the school concerning supports and services; and information about school services and parental rights. A longer duration process, advocate attendance at meetings, and more intensive advocate assistance were all related to better outcomes.
<i>Held Back – The experiences of students with disability in schools: Analysis paper.</i> (2012). Victorian Equal Opportunities & Human Rights Commission, Melbourne.	Qualitative (survey) Quantitative (survey)	Educators, students, parents (n = 1,827)	To understand and report on the experiences of students with disabilities in Victorian schools, in both mainstream and specialist settings.	There are highly disparate experiences within the education system for children with disability. This is likely due to inconsistent application of programs and supports, and ineffective monitoring of program implementation in schools.
Hess, R.S., Molina, A., & Kozleski, E.B. (2006). Until somebody hears me: Parental voice and advocacy in special education decision-making. <i>British Journal of Special Education</i> , Volume 33, 148-157.	Focus group	Parents (n = 27)	To understand parent perceptions related to inclusive practices in education.	Education providers should view parents as partners. The first step to do this is to engage in conversation with parents and assist their advocacy efforts.
Jackson, R. (2008). Inclusion or segregation for children with an intellectual impairment: What does the research say?	Review	NA	To summarise and draw conclusions from reviews	There are clear trends supporting the inclusion of

Queensland Parents for People with a Disability.			of the impact of inclusion in education	children with disability in mainstream education.
Jenkin, E., Spivakovsky, C., Joseph, S., & Smith, M. (2018). Improving educational outcomes for children with disability in Victoria. Monash University.	Interviews	Former students, school staff, caregivers	To apply a human rights analysis to experiences of children with disability in the Victorian mainstream government school system.	There is continued refusal or discouragement to enrol children with disability in an informal manner, without analysis of adjustments needed by child. When adjustments are made, not always appropriate or targeted support. Teachers struggle to modify curricula. Issues with funding model.
Ng, S.L., Lingard, L., Hibbert, K., Regan, S., Phelan, S., Stooke, R. Meston, C., Schryer, C., Manamperi, M., & Friesen, F. (2015). Supporting children with disabilities at school: implications for the advocate role in professional practice and education	Semi-structured interviews, observations, document review	Families, educators, health practitioners (n=37)	Examined how paediatric practitioners advocate for children with disabilities at school; advocacy in context of school-based support.	Indirect advocacy practices often occur where clinicians involved – often occurs by proxy – between clinicians/support and schools (parents as proxy). Need for clinicians to be sensitive to times when parents not well-positioned to advocate
Resch, J.A., Mireles, G., Benz, M.R., Grenwelge, C., Peterson, R., & Zhang, D. (2010). Giving parents a voice: A qualitative study of the challenges experienced by parents of children with disability	Focus groups	Parents (n = 40)	To examine specific sources of challenges for parents of children with disabilities	Four themes emerged as the most prominent barriers to positive parent wellbeing: (a) access to information and services, (b) financial barriers, (c) school and community inclusion, and (d) family support
<i>Review of education for students with disability in Queensland state schools</i> , Deloitte Access Economics– Department of Education and Training, February 2017.	Review of policy, practice and resourcing	NA	To describe current policies and legislation, practices (teaching), and resourcing	Disparity remains between policy and practice, and what is needed to support all students achieve maximum potential. However, leading examples in Qld state schools is encouraging.
Szlamka, Z., Tekola, B., Hoekstra, R., & Hanlon, C. (2022). The role of advocacy and empowerment in shaping service development for families raising children with developmental disabilities. <i>Health Expectations</i> , 25, 1882-1891.	Focus groups Interviews	Stakeholders* (n = 25 interviews) (n = 15 focus groups) *(Clinicians, caregivers, researchers)	To explore advocacy and empowerment in service development for families of children with DDs in low-mid income	Caregivers expressed that this expert-oriented view fails to acknowledge their intuitive knowledge and the need for community-level empowerment. Rights-orientated empowerment of caregivers and advocacy may make vital contributions to service development for children with DDs in contexts worldwide.
Webster, S. (2025). Supporting disability inclusion with children and families. <i>Australian Institute of Family Studies</i>	Qualitative	Parents and professionals (n = 22)	Perspectives on practices, policies and professional learning necessary for supporting disability inclusion.	Identified several areas to promote disability inclusion including positive relationships with children, adapting environments, supporting belongingness, and planning for inclusion.

Appendix D

Table D1. Means (M) and Standard Deviations (SD) by Cohort

	COHORT*				
	2020 (n =22)	2021 (n =150)	2022 (n =88)	2023 (n =117)	2024 (n=120)
PARENT VIEWS	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Information was easy to understand	4.90 (0.20)	4.94 (0.26)	4.94 (0.22)	4.95 (0.22)	4.91 (0.39)
Better understanding of child's rights	4.82 (0.50)	4.68 (0.69)	4.72 (0.61)	4.75 (0.53)	4.55 (0.73)
Feel more confident speaking up for child	4.77 (0.43)	4.70 (0.65)	4.65 (0.73)	4.69 (0.63)	4.70 (0.69)
Assistance improved situation	4.77 (0.53)	4.61 (0.81)	4.47 (0.91)	4.51 (0.79)	4.56 (0.86)

Range 1-5 (1 = No; 2 = Not really; 3 = neutral; 4 = A little bit; 5 = Yes)
 *2025 cohort excluded due to insufficient sample size (n = 4).

Table D2. Comparisons with population data

Category	Subcategory	ACD Support Line	Population data
Residential area	Melbourne Metropolitan	82.4%	75.65%
Disability	Autism	57%	5.3% ¹
	Physical Disability	9.8%	77% ²
Education	Mainstream/government	56.1%	NA
	Mainstream – special class	NA	18.3% ³
	Specialist	21.5%	10% ³
	Non-attendance due to disability	NA	5.5% ³
	Other (distance / home schooling)	4.3%	NA

¹ ASD = 5.4% of all people with disability. Australian Bureau of Statistics. (2022). Disability, Ageing and Carers, Australia: Summary of Findings. ABS. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>.

² Physical disability = 77% of all people with disability. Australian Institute of Health and Welfare (2024) People with disability in Australia 2024, catalogue number DIS 72, AIHW, Australian Government.

³ Australian Bureau of Statistics. (2025, April 30). Children and young people with disability, 2022. ABS. <https://www.abs.gov.au/articles/children-and-young-people-disability-2022>.