



MyTime **Impact Report**

2026



Acknowledgment 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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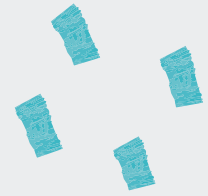
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Children thrive when parents are confident, connected and supported

ABOUT THE MYTIME PROGRAM

MyTime is a national, peer support initiative for parents and carers of children under the age of 18 years with disability, developmental delay or chronic health conditions.

Coordinated by the Parenting Research Centre and delivered in both local and virtual settings, MyTime provides structured, facilitated peer support groups that aim to reduce isolation and build parents' confidence by supporting them to connect with other carers in similar situations.

20

years of operating with funding from the Department of Social Services

180

groups across Australia

Our large offering of group options include 10 virtual groups, five First Nations specific groups and five Culturally and Linguistically Diverse (CALD) specific groups.

170

facilitators

3500

members every year

Reaching 3500+ members is possible thanks to our national partnership delivery model, where we work with eight delivery partners.

That's why MyTime exists – it's a safe space for parents to be

WHY A PEER-SUPPORT MODEL

The MyTime practice model is grounded in evidence showing that peer support can improve outcomes for parents of children with disability or complex needs, which subsequently results in positive outcomes for their children.

Peer support brings parents together to share experiences, build connections, and access emotional and practical support. This strengthens social support networks, improves mental and physical wellbeing, and increases parenting confidence and knowledge. It can also buffer the impacts of stress, supporting parents to cope more effectively and feel more hopeful and optimistic.¹

Through these shared experiences and informal learning opportunities, parents build a stronger sense of self-efficacy, which can result in parents feeling more capable in supporting their child's needs.²

These gains matter: when parents feel confident and supported, it leads to more positive parent–child interactions and better outcomes for children.³

AIMS OF THE PROGRAM

MyTime provides an opportunity for parents to connect in a safe and welcoming environment with others who share and understand their unique situation, as well as provide them with evidence informed resources. The MyTime program aims to:

- empower parents and carers
- increase parent and carer general wellbeing
- increase confidence and success in parenting role
- help children and young people to thrive.

¹ Boyd, 2002; Santelli, 1997

² Davies & Hall, 2005; McConnell et al., 2011

³ Lancaster et al., 2023; Glatz et al., 2024

This experience is shaped by five guiding principles

FACILITATOR GUIDING PRINCIPLES

The MyTime model includes five Guiding Principles that capture MyTime's way of doing things across its groups.

These principles support facilitators in creating an environment that fosters members to engage fully with their MyTime group and opens the door to the many benefits of the program, as outlined in the Theory of Change (see page 24).



MyTime Guiding Principles

I am inclusive

I create a safe space

I am member-led

I am strengths-based

I build members' knowledge and skills.

KEY COMPONENTS OF MYTIME GROUPS

- Facilitated peer support, delivered by a professional facilitator who guides discussion, manages group dynamics and enables groups to access evidence-based resources and information.
- Sessions that give members time to check-in and connect, have meaningful discussions and take part in activities to build skills and self-care.
- Member-led session planning, ensuring that the group content meets the overall needs of its members.
- Age and developmentally appropriate play activities for pre-school aged children, overseen by a play leader, to enable parents and carers to participate fully in the group.
- Open-ended (no fixed end date) and welcome new members at all times.

“MyTime is like a warm group hug...I feel loved, understood and respected from this group. The group supports my overall wellbeing and is a coping mechanism for me.”

MyTime member

Research deepens our understanding of the parent journey

ABOUT THE MYTIME RESEARCH

The Parenting Research Centre has conducted evaluations of MyTime since the program's inception in 2006. In 2024 a new systematic approach was introduced to improve data collection and data usage to guide the ongoing development of the program.

This has included regular member surveys, along with piloting other methodologies (for example, Photovoice, practitioner reflections) to understand member and facilitator experiences in MyTime.

Data collected about the implementation and impact of MyTime is available to MyTime delivery partners through the MyTime PowerBI dashboard and combined MyTime check-in results are fed back to facilitators and members through biyearly Facilitator newsletters. This data is used to continuously review the program's implementation and impact to guide further development to support stronger outcomes for MyTime members and their families.



In this report we reveal that parents reported significant improvements over time across several domains.



“Every week I look forward to MyTime. It’s my safe space to recharge, share ideas and remind myself that I’m doing the best that I can. MyTime has helped me feel stronger, more positive, and better equipped to support my child.”

MyTime member

Hearing from parents strengthens the program

HOW DATA, FEEDBACK AND REFLECTION ARE CAPTURED

MyTime uses surveys and other feedback methods to understand member and facilitator experiences. Below are two key approaches that provide valuable insights and highlight meaningful trends.

Quantitative member data

Sample

604 members who had completed at least two surveys since 2024, with most of members involved in MyTime for at least 6-12 months

Method

- New member survey
- May 2024 check-in survey
- Nov 2024 check-in survey
- May 2025 check-in survey

Survey outcome questions (identified from the MyTime Theory of Change)

- Availability of support
- Knowledge and access to information and support services
- Parent self-care
- Parent self-compassion
- Parental confidence
- Hope
- Belonging
- Connection to community
- Satisfaction

Qualitative member data

Sample

25 members from 5 MyTime Groups

Method

- Photovoice (create/choose photo and describe based on question) pilot

Survey questions

- What has been the biggest change for you due to your participation in MyTime?

“The group has changed my life by providing the support with like-minded women and also women on the same journey in life, which in hand supports our own growth as women mentally, spiritually and physically.”

MyTime member

The results are real and lasting benefits for parents



MYTIME FINDINGS

The findings presented in this report reinforce the important role of peer support as core parenting infrastructure for families raising children with disability or complex needs. MyTime provides a proven, scalable model that strengthens parental wellbeing, confidence and connection, which are all key contributors to positive outcomes for children.

Key findings are:

Peer support strengthens parents and families

Participation in MyTime is associated with measurable improvements in parents' sense of support, confidence, belonging, hope and community connection.

Benefits build over time

The results demonstrate a clear progression of outcomes, with early improvements in belonging and access to support, followed by growing self-care, self-compassion and hope for the future, and longer-term changes in parental confidence and wellbeing.

Supporting parents supports children

When parents feel confident, connected and supported, they are better able to provide nurturing environments that enable children with disability or complex needs to thrive.

Peer support is an important complement to formal services

Programs like MyTime help families navigate complex systems, access reliable information and build social support networks that reduce isolation and strengthen resilience.

MyTime is a trusted national support system

With approximately 180 groups operating across Australia and consistently high satisfaction reported by members, MyTime represents an established and valued source of support for families.

‘I feel more supported after joining MyTime’

Survey results show that parents’ perceived level of support increased over time. Parents were asked whether they felt they had someone they trusted to turn to for advice if they were experiencing difficulties.

Average scores increased at each measurement point, with a statistically significant improvement between the first two check-in points, suggesting that parents’ sense of support continues throughout their participation in the program, with the largest changes emerging earlier after joining MyTime.

Results also show improvements in parent confidence in knowing how to access information and support services to help meet their child’s needs. Statistically significant increases were observed between when parents first joined the program and subsequent check-ins, suggesting that MyTime plays an important role in helping parents feel more supported and better able to identify and access services that assist them in their parenting role.

PROGRAM AIM
Strengthen parents’ sense of support and connection to others who can help them navigate challenges

Finding Parents gain confidence in finding and accessing support

Parents reported stronger confidence in knowing how to access information and services to support their child’s needs, with improvements appearing early in their MyTime journey.

Finding Parents feel more supported

Parents reported continual increases in their sense of support throughout their involvement in MyTime, with the largest improvements emerging early.



**‘Since coming to MyTime
I have learnt so much about
different services, experiences,
stories and knowing that other
people are going through the same
as me and it’s nice to know what
things I can access and other options
that are available for my child and
my family.’**

MyTime member

**A MyTime group in
Victoria**

SENSE OF BELONGING AND COMMUNITY CONNECTION

‘I’ve connected with more people who understand’

Parents reported a sense of belonging and a stronger sense of community connection across all check-in points.

Parents reported a sense of belonging soon after joining the program. This sense of belonging is maintained as they continue to participate in MyTime. Sense of connection with community was found to grow as parents remained engaged with the program, with a statistically significant improvement in community connection taking time to be established.

Research shows that peer support can play an important role in fostering a sense of belonging and connection for parents of children with complex needs. Through shared experiences and mutual support, parents often report feeling more connected to others who understand the experience of raising a child with additional needs. This informal community support can mediate parental stress through expanding their coping resources, supporting parenting and family wellbeing.¹

PROGRAM AIM
Strengthen parents’ sense of belonging and build stronger connections with community

¹ Armstrong, 2005

Finding A sense of belonging develops quickly

Parents’ sense of belonging increased soon after joining the program and remained strong as participation continued.

Finding Community connection grows steadily

Parents reported increasing feelings of connection with their community, suggesting that the longer parents participate, the more connected they feel.

“As a MyTime member I am growing, nurtured and protected by others. Until finding this MyTime group it was quite hard to make sense of different ways forward. Now each week, I get a reprieve from the outside world, just for a little while.”

MyTime member



A MyTime group in Western Australia

‘I’m learning to look after myself better’

Results indicate that MyTime may help parents gradually develop routines and confidence around prioritising personal wellbeing.

Parents reported steady increases in doing activities that help them relax and re-energise, with statistically significant improvements between joining the program and the last check-in. This pattern suggests that, over time, parents are more able to carve out space for their own wellbeing, which also supports parental confidence and family relationships.¹

Developing self-compassion is an important part of supporting parents’ wellbeing. Parents increasingly reported showing themselves understanding and kindness when mistakes occur, with statistically significant improvement between the first and last check-ins. These results suggest that developing self-compassion also takes time, with meaningful improvements emerging as parents continue to engage with the program over time.

PROGRAM AIM

Support parents to care for their own wellbeing



Finding Self-care and self-compassion develop gradually

Parents became more likely to take time for their own wellbeing and show themselves understanding when mistakes occur, with these changes emerging gradually over time.

¹ Resch et al., 2010

“I feel recharged after each session. Taking that small amount of time for myself has improved not only my mood but also how I support my family.”

MyTime member



**A MyTime group in
Victoria**

‘My future looks brighter and I’m more positive’

Findings suggest that parents’ sense of hope tends to strengthen as they continue to engage with the program.

Parents were asked a series of questions designed to capture their level of optimism about the future. Parents reported a growing sense of hope over time, with statistically significant increases found with the greatest time between surveys (that is, 12 months or more).

In light of research that indicates hope is an important contributor to psychological wellbeing and resilience for parents of children with complex needs,¹ peer support programs such as MyTime can help strengthen hope by connecting parents with others who share similar experiences and see positive examples of how families navigate challenges over time.

PROGRAM AIM

Strengthen parents’ sense of hope for the future



Finding Hope for the future strengthens

Parents reported greater optimism and confidence about the future, reflecting the important role of peer support and shared experiences in strengthening resilience.

¹ Horton & Wallander, 2001



“I was very isolated and not confident in making the right choices. I now see hope in the future. I have been attending the MyTime group for the last 13 years and I’m always learning something new from other members.”

MyTime member

**A MyTime group in
Queensland**

‘I’m becoming more confident in my parenting’

Findings suggest that parents’ confidence in their parenting abilities strengthens as they participate in the program.

Parents were asked whether they felt confident in themselves as a parent. Survey results show improvements in parenting confidence over time, with statistically significant increases observed with the greatest time between surveys (that is, 12 months or more).

Peer support from other parents not only reduces isolation, it can help parents feel understood, validated and socially supported, building coping strategies and parental confidence in their capacity to care for their child.¹

PROGRAM AIM
Support parents to feel confident in their role



Finding Parenting confidence grows over time

Parents reported increasing confidence in their parenting abilities as they continued participating in the program.

¹ Lancaster et al., 2024; Sartore et al., 2021



“I value MyTime because here I learn a lot of things which usually don’t come in my mind, like how can I upbringing my child in a more positive way. I also feel like I am not alone.”

MyTime member

**A MyTime group in
Queensland**

SATISFACTION

‘MyTime provides what I need’

Parents and carers report consistently high levels of satisfaction with their experience of MyTime indicating that the program is meeting the needs of the majority of participants.

Responses indicate that parents value both the support provided by facilitators and the opportunity to connect with other parents who share similar experiences, reflecting the value of MyTime’s peer support model in helping families feel heard, understood and supported in their parenting journey.



OVERALL JOURNEY

‘The more I’m part of MyTime, the more I grow’

The findings show a clear change-over-time pattern.

- Early gains: belonging, access to support, feeling understood
- Building outcomes: self-care, self-compassion and hope for the future
- Longer-term changes: parental confidence and wellbeing.

Together, these results suggest that the benefits of MyTime build progressively as parents remain engaged in the program.

A MyTime group in Western Australia

When parenting is more demanding

Parenting a child with disability or complex needs can be more time-consuming and more physically, emotionally and financially demanding than parenting a typically developing child.

In Australia, 12.1% of children and young people aged 0–24 years have a disability, with more than two thirds requiring assistance with aspects of daily life such as cognitive and emotional tasks, oral communication and self-care.¹

The life-long demands of caring for a child with disability puts parents and carers at an increased risk of chronic physical and psychological problems, social isolation and poorer psychosocial wellbeing compared to parents in the general population.² Research has shown that poor parental psychosocial wellbeing and parental social isolation are risk factors for poor developmental outcomes for children.³

In Australia we know that parents of children with complex needs are not doing as well as other parents. This is highlighted in the Parenting Today in Victoria (2022)⁴ survey which showed parents of children with complex needs:

- find parenting more demanding (58% compared to 46%)
- are less confident in their parenting (77% versus 89%)
- less likely to say they regularly do things to relax and re-energize (36% versus 43%)
- less likely to report good mental health (47% versus 61%)
- and more likely to report distress (41% versus 35%).

However, research also suggests that the fostering of supportive relationships and shared learning in peer support programs can lead to increases in parent empowerment, parent self-efficacy, parent coping, and parent wellbeing, and ultimately to better developmental outcomes for children.⁵

1 ABS, 2022

2 Eastman et al., 2018, Edwards, 2009

3 Commerford & Robinson, 2016

4 Parenting Research Centre, 2022

5 Sartore et al., 2021; Lancaster et al., 2024



A commitment to creating meaningful change

The Parenting Research Centre is an independent, not-for-profit organisation that works with governments and community organisations to strengthen parenting and family support systems.

Our focus is on ensuring that parents and carers have access to practical, evidence-informed support that improves wellbeing, strengthens parenting confidence, and benefits children.

Research shows that parenting quality is a key determinant of children's cognitive, social and emotional development.¹ Parental wellbeing and confidence are critical enablers of effective parenting, with supported parents better able to provide stable, responsive and nurturing care. Supporting parents early is therefore one of the most effective ways to influence children's long-term outcomes.²

Parent support also delivers broader social and economic benefits. When parents feel confident and supported, they are better able to participate in the workforce and navigate complex systems. Evidence-informed programs that offer practical strategies and peer connection reduce isolation, build resilience, and strengthen families' capacity to support their children.³

Accessible, evidence-informed parent support strengthens not only families, but the long-term wellbeing and productivity of communities. Peer support programs such as MyTime play a key role within this system, enabling parents to connect, share experiences, and build the confidence and support networks that help families thrive.

¹ Havighurst et al., 2022; Zhu et al., 2024

² Doyle et al., 2023

³ Sanders, 2008

How MyTime creates impact for families

The MyTime Theory of Change describes how the MyTime program is expected to contribute towards positive outcomes for parents and their families.

Illustrating the relationships between what happens during MyTime groups and key outcomes for parents and their families provides a roadmap for the program, allowing for targeted practice supports and program improvement.

The Theory of Change identifies how the program is implemented, how we know parents are engaging, along with expected mediating and intended changes in parents and their families.

The MyTime Theory of change is informed by the parenting literature and the core program features, alongside practitioner wisdom and participant experiences.

It is used to monitor program fidelity, engagement and impact through the measurement of a selection of indicators:

- Implementation outcomes (e.g. safe and inclusive space)
- Engagement outcomes (e.g. sharing experiences and emotions)
- Mediating outcomes (e.g. sense of belonging, community and hope)
- Intended outcomes (e.g. improved parenting and coping and child development and wellbeing).



“It’s wonderful to know that no problem is too small, I feel respected and heard. That my voice matters.”

MyTime member

Key outcomes

Implementation	• Provide facilitated peer support • Engage children in safe and developmentally appropriate activities • Create safe and inclusive space for parents/carers to connect • Create a positive emotional environment • Provide access to reliable information and ideas
Engagement	• Shares experiences and emotions with the group • Forms relationships characterised by openness, warmth, empathy, and acceptance • Receives and gives informational and practical support
Mediating outcomes	• Validation through awareness of shared experience • Sense of belonging • Increased sense of interconnectedness • Receives and gives emotional support • Greater self-compassion • Better self-care • Growing sense of hope and possibility • Strengthened personal wellbeing • Stronger advocacy for child and self-advocacy • Building a broader and deeper support network • Stronger agency and self-efficacy
Intended outcomes	• Adaptive parenting and coping strategies
Flow-on benefits for children	• Strengthened nurturing environments and experiences for children • Optimal child development and wellbeing

References

- Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child & Family Studies*, 14(2), 269–281. <https://doi.org/10.1007/s10826-005-5054-4>
- Boyd, B. A. (2002). Examining the relationship between stress and lack of social support in mothers of children with autism. *Focus on Autism and Other Developmental Disabilities*, 17(4), 208–215.
- Davies, S., Hall, D. (2005) “Contact A Family”: professionals and parents in partnership. *Archives of Disease in Childhood*, 90(10), 1053–7.
- Doyle, F.L., Morawska, A., Higgins, D J., Havighurst, S.S., Mazzucchelli, T.G., Toumbourou, J.W., Middeldorp, C.M., Chainey, C., Cobham, V.E., Harnett, P., Sanders, M.R. (2023). Policies are needed to increase the reach and impact of evidence-based parenting supports: A call for a population-based approach to supporting parents, children, and families. *Child Psychiatry Hum Dev*, 54(3), 891-904.
- Glatz, T., Lippold, M., Chung, G., & Jensen, T. M. (2024). A systematic review of parental self efficacy among parents of school age children and adolescents. *Adolescent Research Review*, 9, 75–91.
- Havighurst, S.S., Chainey, C., Doyle, F.L., Higgins, D.J., Mathews, B., Mazzucchelli, T.G., Zimmer-Gembeck, M., Andriessen, K., Cobham, V.E., Cross, D., Dadds, M.R., Dawe, S., Gray, K.M., Guastella, A.J., Harnett, P., Haslam, D.M., Middeldorp, C.M., Morawska, A., Ohan, J.L., Sanders, M.R., Stallman, H.M., Tonge, B.J., Toumbourou, J.W., Turner, K.M.T., Williams, K.E., Yap, M.B.H. and Nicholson, J.M. (2022), A review of Australian Government funding of parenting intervention research. *Australian and New Zealand Journal of Public Health*, 46, 262–268. <https://doi.org/10.1111/1753-6405.13235>
- Horton, T. V., & Wallander, J. L. (2001). Hope and social support as resilience factors against psychological distress of mothers who care for children with chronic physical conditions. *Rehabilitation Psychology*, 46(4), 382–399.
- Lancaster, K., Bhojti, A., Kern, M. L., Taylor, R., Janson, A., & Harding, K. (2023). Effectiveness of peer support programmes for improving well-being and quality of life in parents/carers of children with disability or chronic illness: A systematic review. *Child: Care, Health and Development*, 49(3), 485–496. <https://doi.org/10.1111/cch.1306>
- Lancaster K, Kern ML, Harding K, Bayasgalan M, Janson A, Mahmic S, Bhojti A. (2024) Exploring long-term outcomes of a peer support programme for parents of children with disability in Australia. *Child Care Health Dev.*, 50(2), e13236. doi: 10.1111/cch.13236. PMID: 38426583.
- McConnell, D., Breitkreuz, R., & Savage, A. (2011). From financial hardship to child difficulties: Main and moderating effects of perceived social support. *Child: Care, Health and Development*, 37(5), 679–691.
- Parenting Research Centre. (2022). *Parenting Today in Victoria: Technical Report*. <https://www.parentingrc.org.au/ptiv/>
- 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 disabilities. *Rehabilitation Psychology*, 55(2), 139–150.
- Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), 506–517.
- Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (1997). Parent-to-Parent Programs: A Resource for Parents and Professionals. *Journal of Early Intervention*, 21(1), 73–83.
- Sartore, G.M., Pourliakas, G., Lagioia, V. (2021). Peer support interventions for parents and carers of children with complex needs. *Cochrane Database Syst Rev.*, 20; 12(12), CD010618.
- Zhu, X., Dou, D., & Karatzias, T. (2024). Editorial: Parental influence on child social and emotional functioning. *Frontiers in psychology*, 15, 1392772

Photo board

Groups from across Australia doing what they do best – creating connection.



