**FAMILY QUALITY OF LIFE WHEN THERE IS MORE THAN ONE CHILD WITH A DEVELOPMENTAL DISABILITY**

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**Objective**: Family Quality of Life (FQOL) is a relatively new area of research in the Developmental Disabilities (DD) field and significant progress has been made regarding theoretical frameworks and measures (Samuel, Rillotta, & Brown, 2012; Summers et al., 2005). Previous research has suggested that parents of children with DD experience higher levels of stress, and overall lower FQOL compared to families of children without DD (Brown, MacAdam-Crisp, Mian Wang, & Iarocci, 2006). Previous research on FQOL has focused predominantly on the impact of having one child with a DD in the family. As a result, the effects on FQOL of having more than one child in the family with a DD has yet to be considered. Therefore, this poster will explore how FQOL differs in families with two or more children with DD compared to families with one child with DD. In addition, we will examine predictors of FQOL including child, family, and context variables, to see whether having more than one child with DD is a predictor of FQOL in the context of other relevant factors.

**Methods:** Great Outcomes for Kids Impacted by Severe Developmental Disabilities (GO4KIDDS) is an ongoing research project examining the health, wellbeing and social inclusion of children with severe DD and that of their families. The current study used information from the GO4KIDDS Extended Survey (Perry & Weiss, 2008) completed by 209 parents of children with severe DD across Canada, 66% of whom have one child with a severe DD and 34% have two or more (up to four) children with DD. The children range from 3 to 18 years of age and have diagnoses of various Developmental Disabilities (including autism and physical disabilities). This poster will utilize the 25-item Beach Center Family Quality of Life Scale (Hoffman, Marquis, Poston, Summers & Turnbull, 2006), as the main measure of FQOL (α=.94 in the present sample). In addition, we will examine pertinent child (e.g., age, diagnosis, adaptive and maladaptive level), family (e.g., stress, mental health, socialization) and context (e.g., SES, services, social support) variables.

**Results:** Analyses are currently underway. First, we will compare the two subgroups, using independent *t* tests and chi-square tests, on FQOL and all the child, family, and context factors and we will examine the inter-correlations among all the variables. Second, using a hierarchical regression, we will examine predictors of FQOL selected from the child, family and context factors. We hypothesize that multi-child families will have lower FQOL and that having more that one child with DD will be significant predictor of FQOL in the regression.

**Discussion:** Findings will be discussed in relation to the effect of having more than one child with a DD on FQOL.This mayreveal important implications for supports or interventions for families who have more than one child with a DD aimed at assisting their unique circumstance.

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