**DOES THE NUMBER OF BARRIERS EXPERIENCED BY FAMILIES OF CHILDREN WITH DD PREDICT FAMILY QUALITY OF LIFE?**

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**Objectives:** Over the past 25 years, there has been a substantial increase in supports and services for children and youth with developmental disabilities (DD) and their families. These supports are housed in the health care, social services, and education systems and include both generic services (e.g., hospitals) and specialized DD or disability-related services (e.g., respite care programs). Many research studies note the complexity and fragmentation of the systems and the difficulties families have accessing services. Attempts to address this situation might benefit from a greater understanding of the nature of the barriers families experience in accessing both generic health services and disability-related services. Therefore, the purpose of the present study is to report on specific barriers to service access and to determine their relationship to families' quality of life.

**Method:** GO4KIDDS is a Canadian team project exploring the health, wellbeing, and social inclusion of children with severe DD and that of their parents. The Family Quality of Life study (Perry & Isaacs, 2013) involved 62 diverse families (48% immigrant families; 32% single-parent families). Children (70% boys) range in age from 6 to 18 years. They display high rates of problem behaviour (on the Scales of Independent Behavior-Revised) and 48% have autism.

This poster presentation investigates the relationship between Family Quality of Life (FQOL) and the barriers experienced by Canadian families. Families were asked to rate their overall quality of life in the FQOLS Survey (Brown et al., 2006). The barriers come from a list in the FQOLS (which is administered to families in an interview). In total, twenty barriers are listed, including two ‘other’ options where parents can comment on any other barriers. The types of barriers can be categorized as within the system (e.g., travel to services, wait lists), within the parent/family (e.g., fear of being a burden, being too busy/overwhelmed), or related to the disability itself (e.g., not a big enough problem, temporary problem). Parents were also asked about their satisfaction with the services they received, as well as the types of services they accessed for their child with DD.

**Results:** The barriers commonly faced by parents and their frequencies are reported. The current study found that barriers related to the service system are especially salient to parents of children with DD. However, contrary to our expectations, regression analyses found that the number of barriers faced is not predictive of overall family quality of life or related to family demographics (e.g., SES, marital status) and child characteristics (e.g., age, adaptive level, maladaptive behaviour).

**Discussion/Conclusion:** Families of children with DD are resilient and the quality of their lives may not be dictated by the number of barriers they experience. It is possible that a family’s perception of these barriers or other internal family factors may be more relevant when predicting family quality of life. We hope to target specific barriers common to families of children with DD and provide recommendations for improving access to those services.

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