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Background

- Little current research exists about children with **Severe/Profound/Multiple Disabilities** in Canada
- The population is often excluded from research because of level of functioning, co-morbidities, and measurement issues
- Prevalence of Developmental Disability (DD) in Canada about 1.2% (Statistics Canada, 2001)
 - 37% have 2 or 3 types of disability (e.g., physical disabilities, deaf, blind, medical syndromes, etc.)
 - 43% have severe disabilities (vs. mild/moderate)
- Children with severe DD are at greater risk for **health problems** (Decoufle & Autry, 2002)
- Children with severe DD are at greater risk for developing co-morbid **mental health problems** (e.g., McCarthy, 2007) and **problem behaviour** (Atkinson et al., 1994)
- Children with **Autism**, in particular, often show higher levels of problem behaviour (e.g., Blacher & Baker, 2007)
- **Older** children and adolescents with DD show increased psychopathology (Chadwick et al., 2005)

Purpose

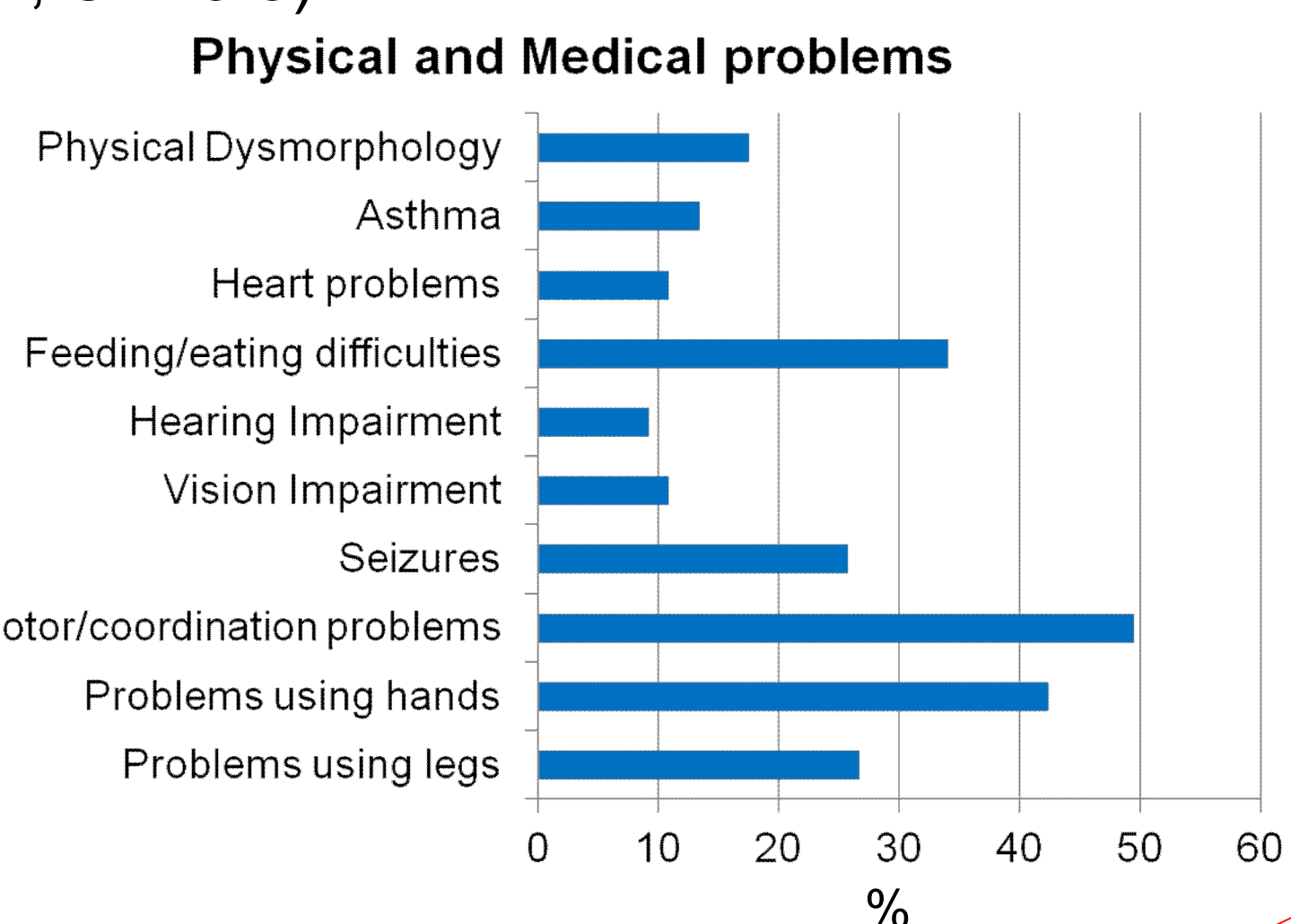
- Provide information about the well-being, health and social inclusion of a sample of children in Canada with Severe/Profound/Multiple DD comparing diagnostic and age groups

Method

- Great Outcomes for Kids Impacted by Severe Developmental Disabilities (**GO4KIDDS**) is a Canadian team project exploring the health, well-being, and social inclusion of school aged children with Severe DD and that of their parents
- Poster uses data from the Basic survey; online survey with measures of adaptive and maladaptive behaviour, quality of life, physical health, and social/recreational participation

Participants

- Subset (N=239, 71%) of the most severe of 337 Basic survey participants with severe DD (e.g., requiring greater support, lower levels of language and adaptive behaviour)
- 159 boys (67%) 76 girls (32%), aged 3-19 years (M=11.1, SD=3.8)



Method (cont'd)

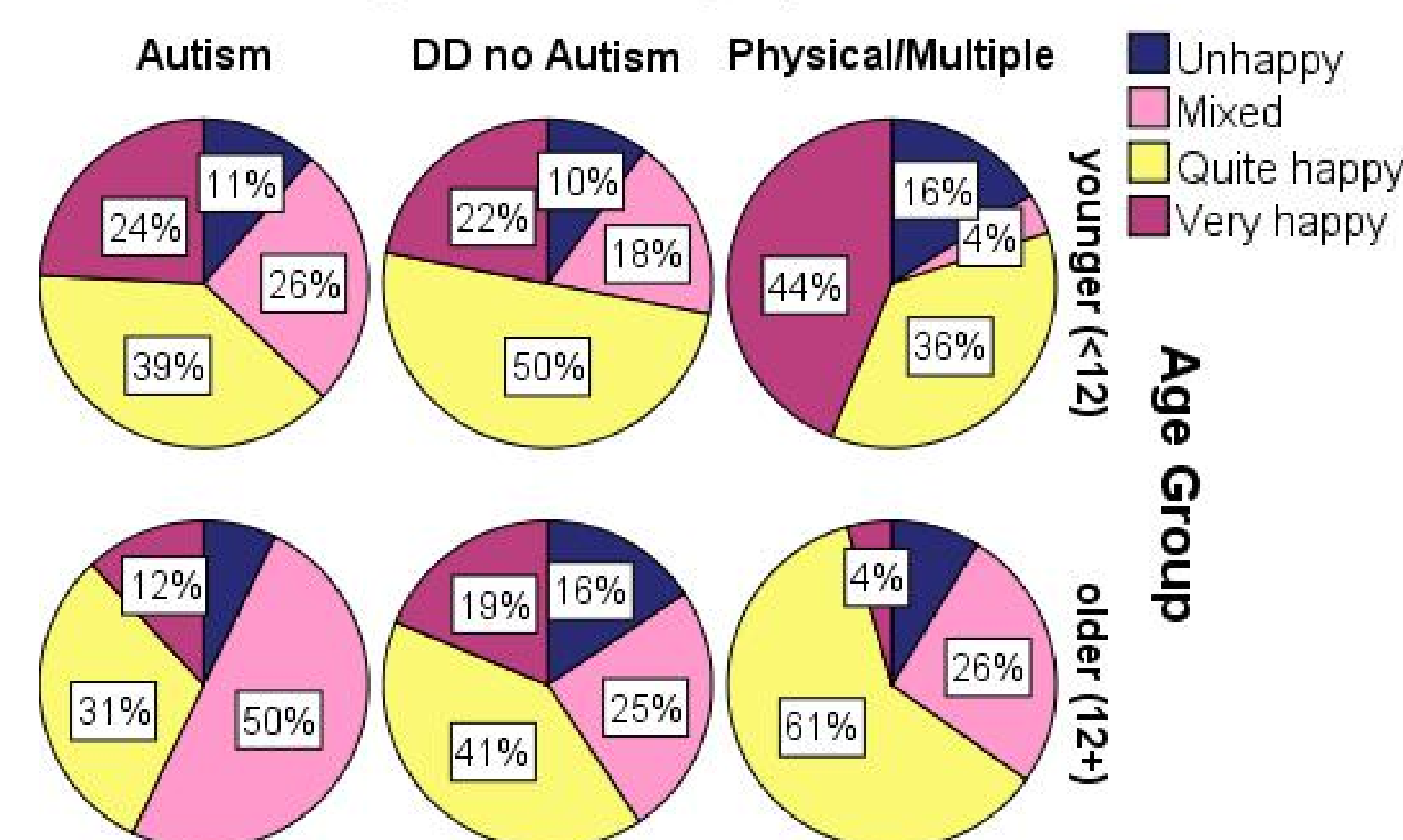
- Participants divided into 2 age groups (<12 and 12+) and 3 diagnostic categories:
 - 1) Severe DD with Autism
 - 2) Severe DD with no Autism (e.g., Down Syndrome, Fragile X, Fetal Alcohol Syndrome)
 - 3) Severe DD with Physical Disability or Multiple Diagnoses (e.g., Cerebral Palsy, Rett syndrome, Deaf, Blind, etc.)

N = 239	Autism	DD no Autism	Physical/Multiple
Younger (<12)	66	50	25
Older (12+)	43	32	23
Total (3-19)	109	82	48

Results

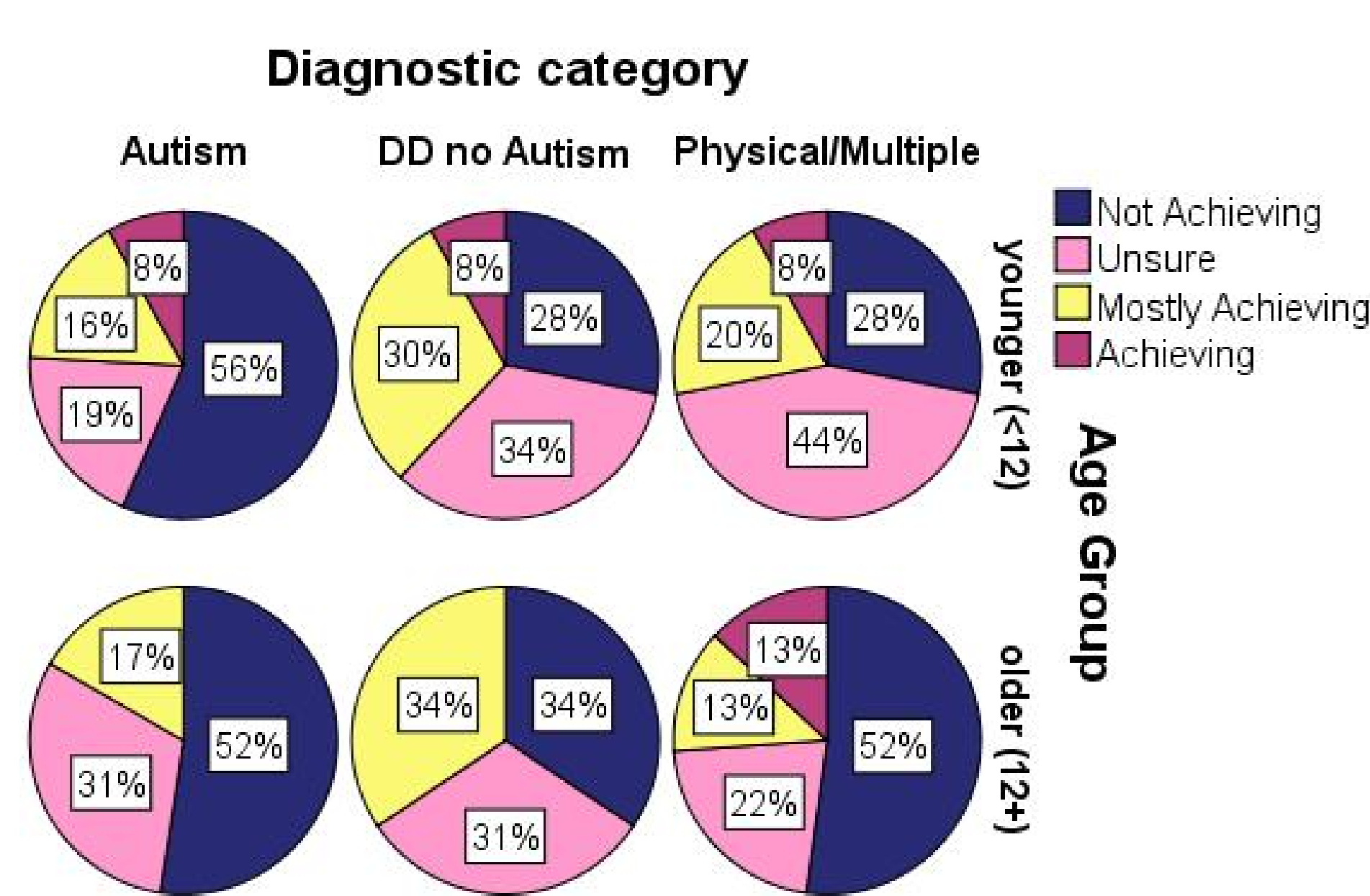
WELL-BEING

Parent Ratings of Child Happiness



No difference by dx., older < younger (p=.008)

Parent Ratings of Children Achieving their Potential

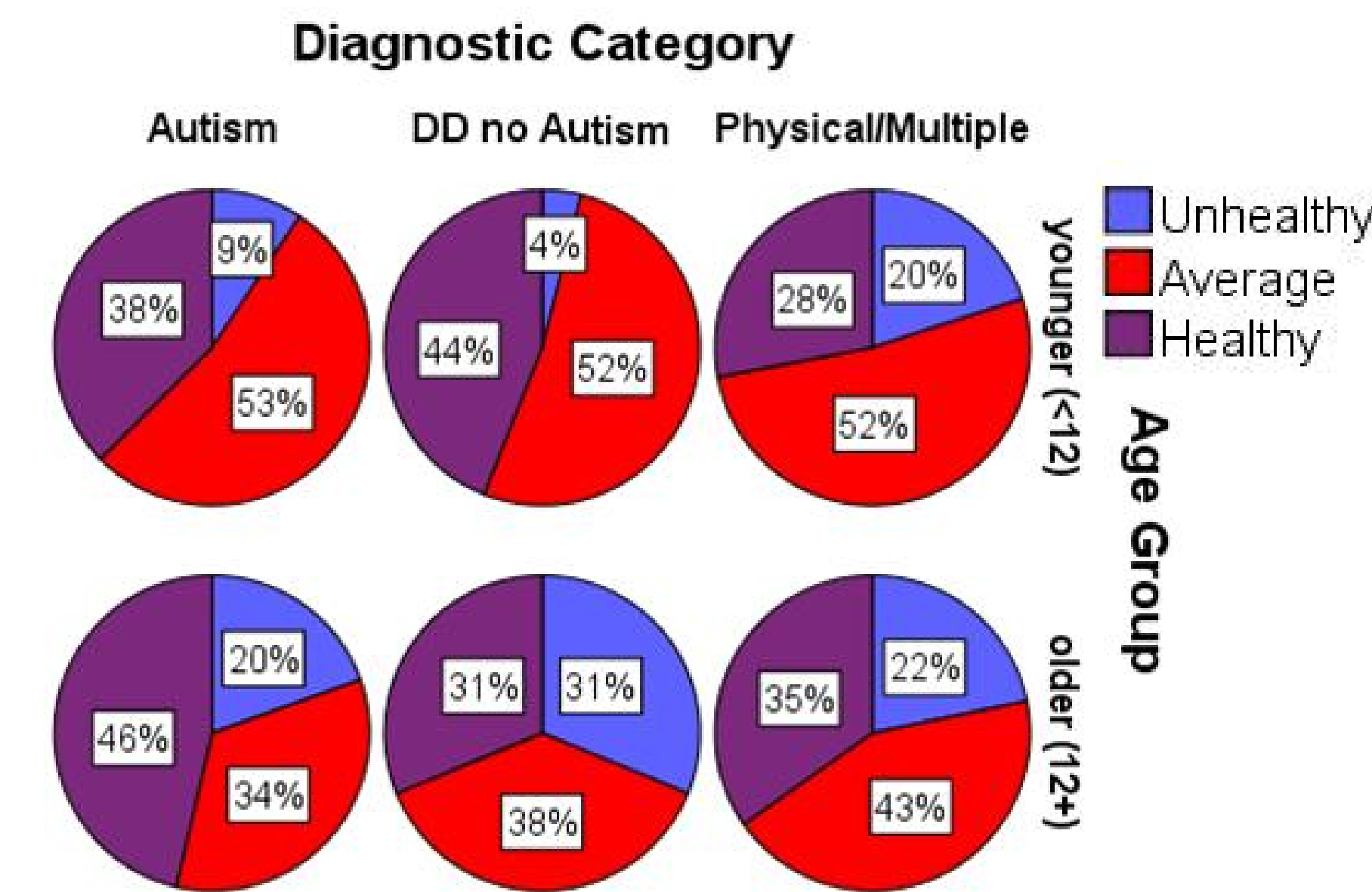


Autism < DD (p=.001), no difference by age

Results (cont'd)

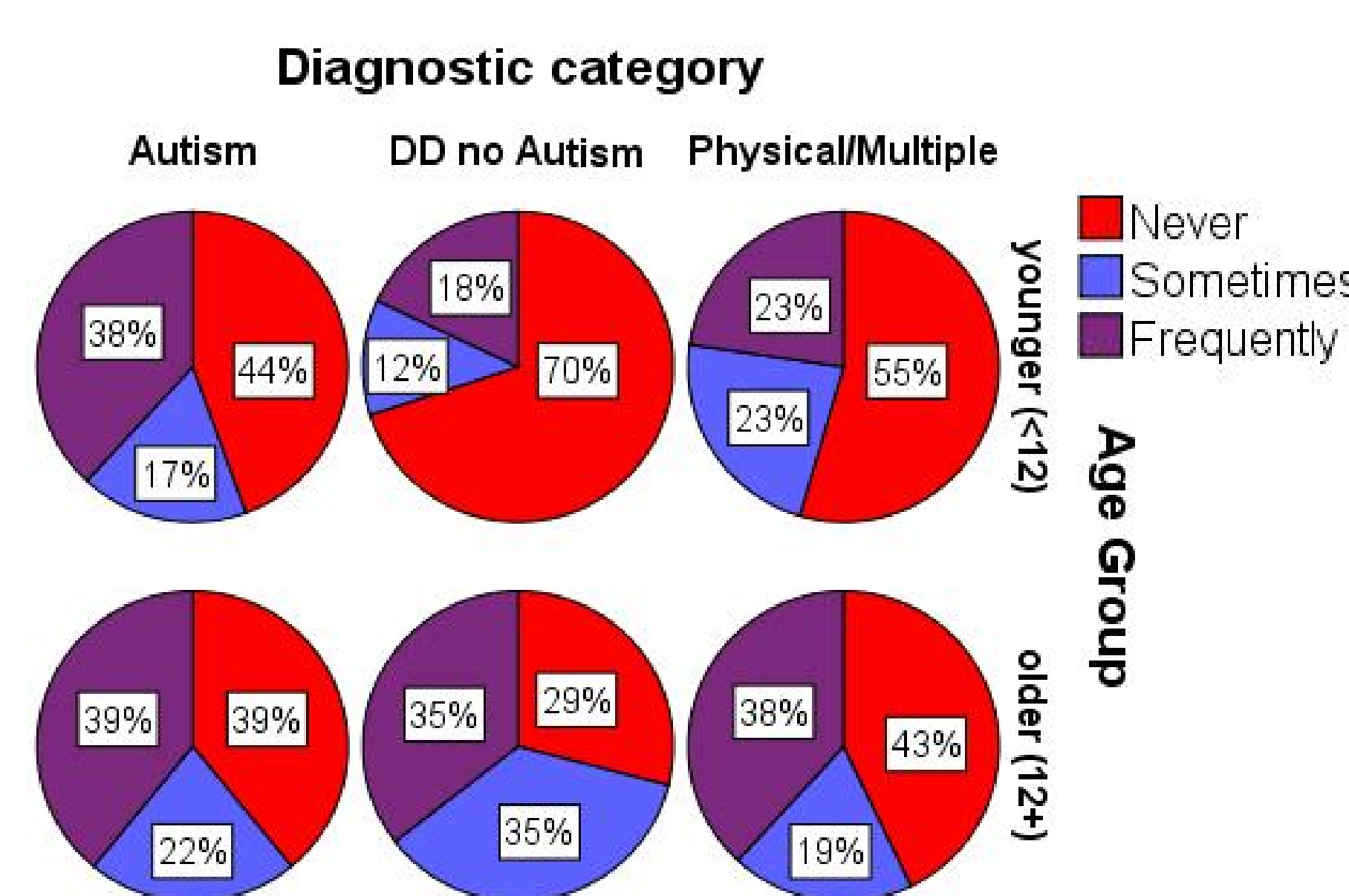
HEALTH

Parent Ratings of Child Health



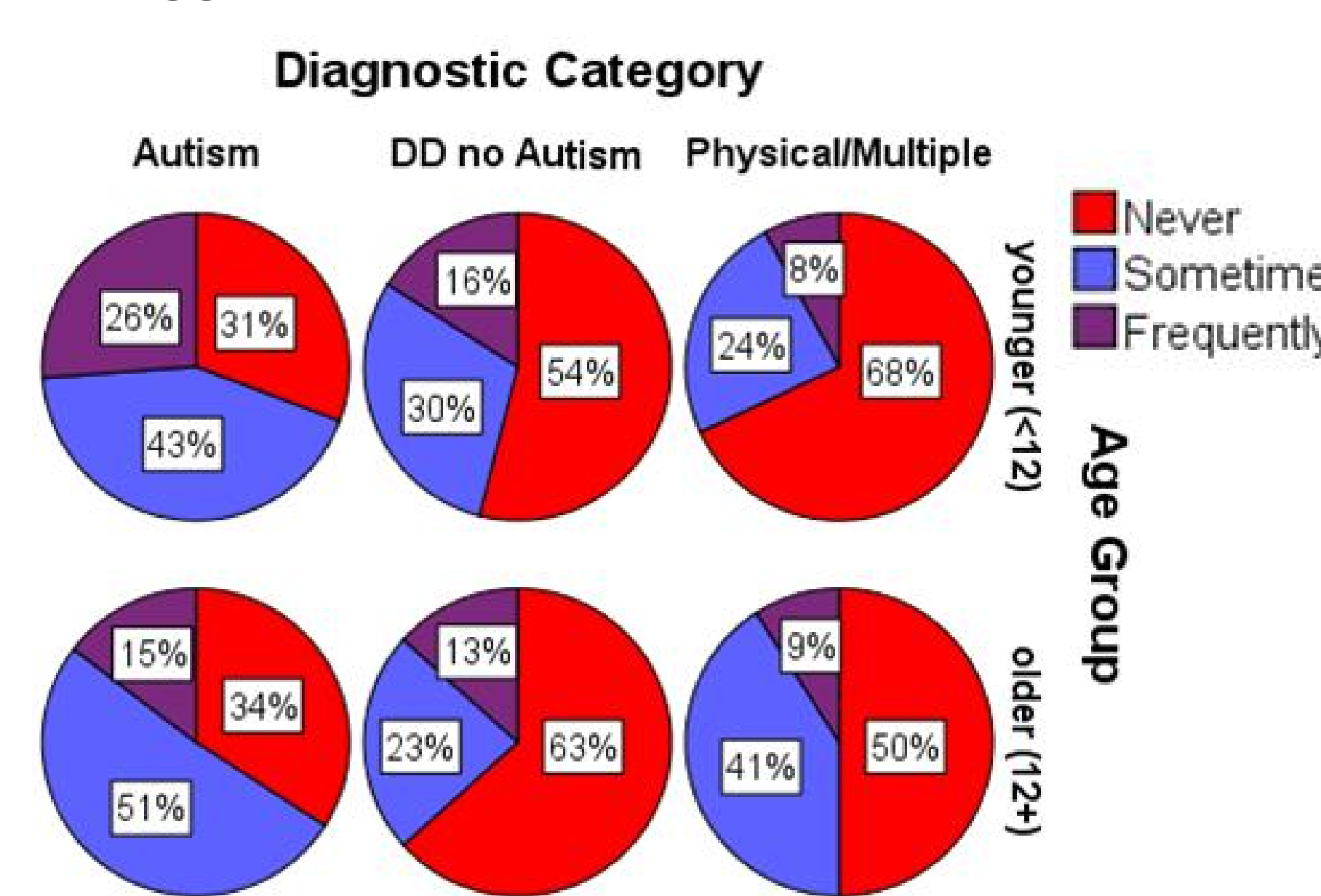
No difference by dx. or age

Mental Health Problems



Autism > DD (p=.04), older > younger (p=.01)

Aggressive/Destructive Behaviour

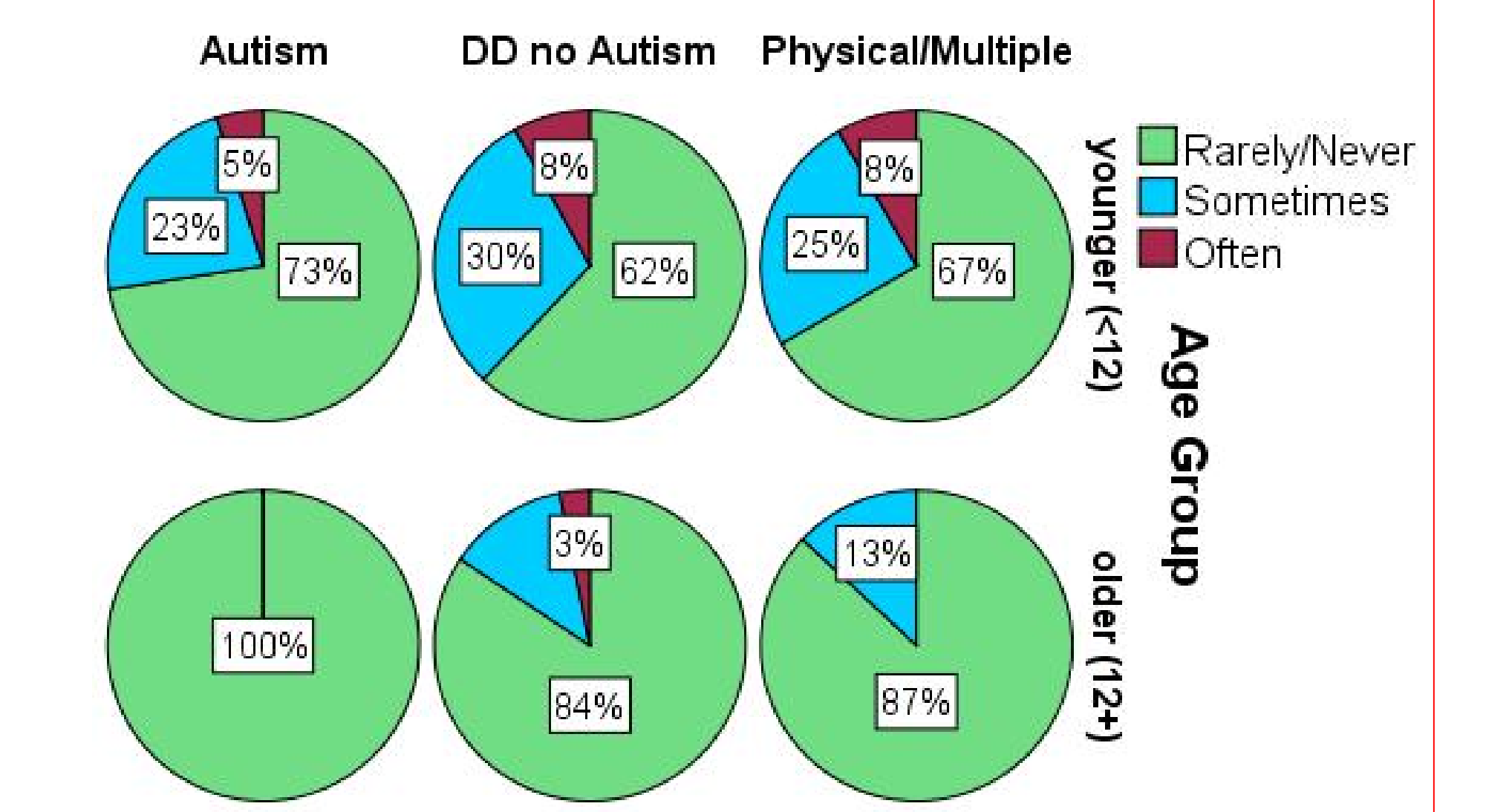


Autism > DD (p=.001); Autism > P/M (p=.01), no difference by age

Results (cont'd)

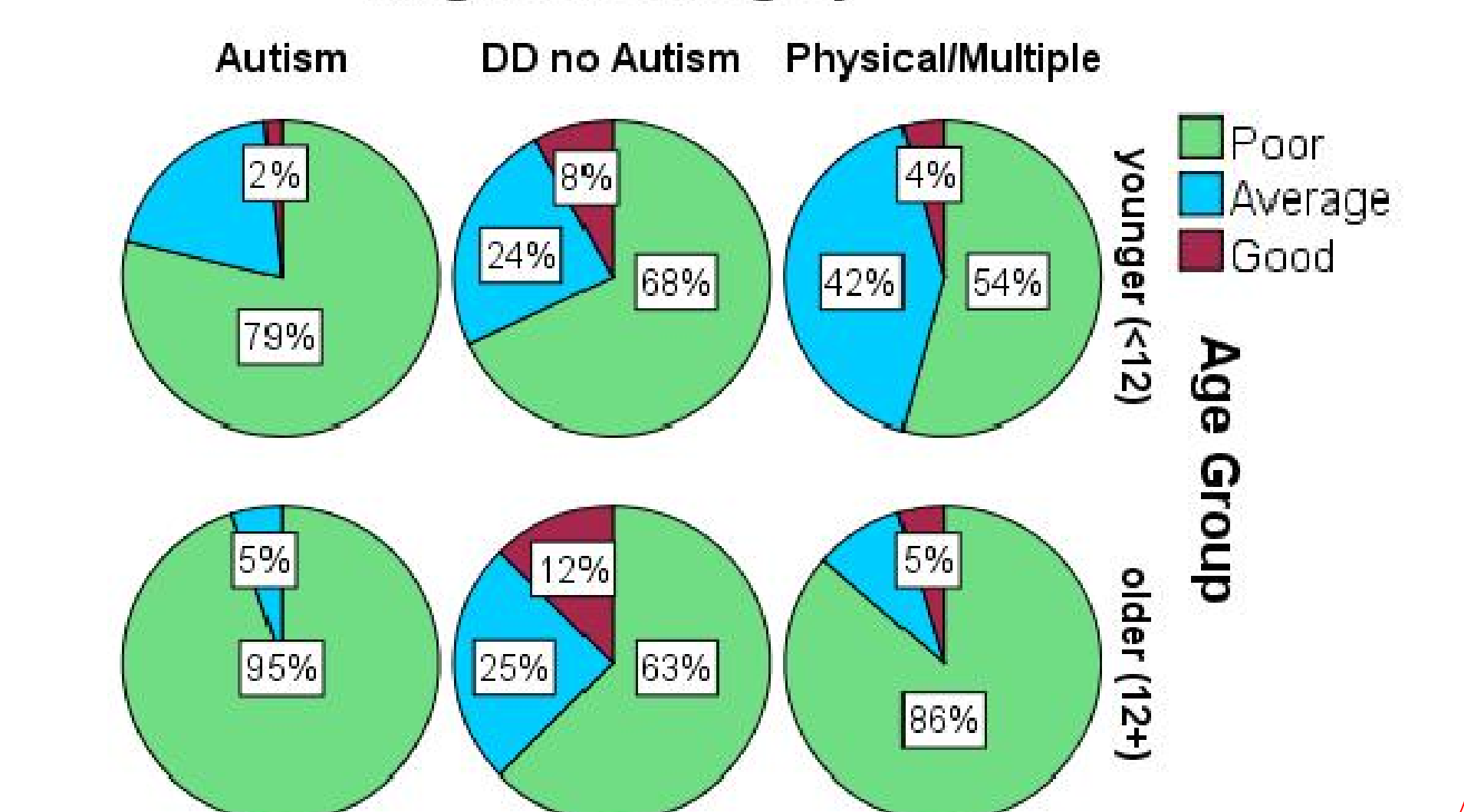
SOCIAL INCLUSION

Attend Special Occasions with Friends (e.g., Birthday Parties)



Autism < DD (p=.04), older < younger (p<.001)

Parent Ratings of Children's Friendship Quality



Autism < DD (p=.001), older < younger (p=.07)

Discussion

Diagnosis

- In general, Autism group showed less optimal results vs. DD group
 - More aggression and mental health problems
 - Lower well-being and social inclusion
- P/M group was smaller and included some diagnoses of Autism with other disabilities; could account for the lack of differences between groups

Age

- In general, younger children had better health, well-being and social inclusion than older children across diagnostic groups
 - Very discouraging finding that older groups (Autism and DD) **none** rated as fully achieving potential
 - Older Autism group **none** attended special occasions with peers and almost all groups had poor friendship quality

Conclusions

- In general, the well-being and health of these groups is somewhat mixed
- The social inclusion of all groups is very poor
- More research is needed to determine why this is the case and how to address the situation

Acknowledgments

The authors would like to thank the families who contributed their time by completing the survey. Data for this study were collected as part of the CIHR Team: GO4KIDDS: Great Outcomes for Kids Impacted by Severe Developmental Disabilities, Nominated Principal Investigator: Adrienne Perry, York University. (www.go4kidds.ca)