

The Impact of Developmental Coordination Disorder: Parent Perspectives

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INTRODUCTION

- Early motor challenges lead to physical, social, emotional, cognitive, and psychological impairments¹
- No standard of care or funding system in British Columbia (BC) to access diagnosis and treatment for children with DCD
- To inform best practice, we need to understand parental perspectives on needs, supports, and services

OBJECTIVES

To determine:

1. how parents navigate the healthcare and school systems for children with DCD
2. which therapy services and supports benefit families
3. the potential barriers and facilitators to access diagnostic and therapeutic services and supports

METHODS

Study Design:

- Cross-sectional study design

Participants:

- Parents of children ≤ 18 years living in BC with motor coordination challenges (confirmed or suspect diagnosis of DCD, with or without co-occurring conditions, such as autism or ADHD)

Data Collection:

- Adapted online impACT for DCD questionnaire from Western Australia²
- Multi-pronged sampling strategy included convenience, purposive and snowball sampling
- Qualtrics, an online survey platform, was used to host and distribute the survey

Data Analysis:

- Descriptive statistics, parametric and non-parametric tests for quantitative data
- Exploratory content analysis for open-ended questions



RESULTS

Response:

- 244/336 completed and partially completed questionnaires (67% completion rate)

Demographic Distribution:

- 98% of children had a DCD diagnosis
- 89% had 1 or more co-occurring conditions
- Respondents primarily from urban centres, median income ≥ \$80,000, university-educated, 2-parent households

1. DIAGNOSIS



- 3 out 4 families report long wait-times
- 39% of families pursued private testing
- Less than 25% of physicians identify children at risk for DCD

Parent-Priorities:

- ✓ Funded, coordinated, and timely diagnostic services
- ✓ Increased capacity for healthcare providers, school staff, and general public

2. REHABILITATION



- Inconsistent access to school-based therapy
- 3/4 paying out-of-pocket for therapy
- No dedicated funding for DCD
- Only 40% currently attending therapy
- No impact of geographic location and income on therapy access
- Older children less likely to be actively followed by a clinician
- Low satisfaction for social and emotional services and supports
- Parents of older children prioritize services and supports for social and emotional well-being

Parent-Priorities:

- ✓ Funded motor, social, & emotional health services and supports at school and in the community

RESULTS cont'd

3. EDUCATION



- 3 out of 4 children receive some support at school, but...
- Insufficient supports and services, with limited awareness and understanding of DCD
- Affects their child's well-being, mental health, and self-esteem

Parent-Priorities:

- ✓ School-based services and resources
- ✓ Curriculum accommodations and modifications
- ✓ Access to educational assistants and equipment
- ✓ Education for teachers about DCD

CONCLUSIONS

- Families in BC have identified gaps in the healthcare and school systems
- Standard of care and best practice need to include:
 1. Funded, streamlined diagnostic services with education campaign for early detection
 2. Funded, multi-disciplinary assessments and treatment at school and in the community
 3. Increased school-based services and supports with educator training

REFERENCES

1. Blank et al., International clinical practice recommendations for DCD. *Dev Med Child Neurol*, 2019;39 (3):242-285
2. Licari et al., *impACT for DCD*. Telethon Kids Institute, 2020.

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