

19<sup>th</sup> September 2016

Dear Mr and Mrs Bear,

Re: Paddington Bear  
Date of Birth: 20/04/2008  
Address: King's Cross Station, Euston Rd, London N1 9AL  
DAWBA ID: 222984

Like tens of thousands of other people, you have just filled in the Development and Wellbeing Assessment (DAWBA). Questionnaires like the DAWBA are usually a helpful guide to children's stress levels, behaviour, concentration and friendships. But since no questionnaire is perfect, there is a risk that we'll exaggerate or underestimate your child's strengths and difficulties. We use computer programs to calculate how your child behaves, according to the information you have given us, compared with all the other children we have assessed with the DAWBA. We call the comparisons our "ratings" and they might be similar, or different, to boys and girls of a similar age.

This report relies on parental information and is not a substitute for a clinical examination. It may, however, prove useful in identifying areas of need in terms of further assessment and clinical or educational management.

The assessment from the DAWBA questionnaire has been obtained for research purposes. Please do not use this report as a substitute for a clinical assessment.

## How to interpret the ratings

These ratings compare your answers with the answers we have collected from large numbers of other parents across the UK. Many parents find this sort of comparison helpful, but it is obviously not the same as an assessment by an expert. If you have serious concerns about your child's behaviour, you may wish to consult with a doctor, psychologist or other expert.

For ease of interpretation, we group the comparison scores into four categories. The similarity of your child's psychological difficulties to those of other children is different in each category:



### Close to average

In the general population most children (roughly 80%) are in the "close to average" category. For example, if your child scores in this category for "sleep difficulties problems", it means their sleep is about average.



### Slightly raised

If your child scores in the "slightly raised" category for "fears and worries"; this means their fears and worries are slightly higher than average.



### High

Just one in twenty children score in the "high" category. This means that, if your child's "hyperactivity and attention" problems fall in the "high" category, their behaviour is more severe than in 90 out of 100 children.



### Very high

One in twenty children score in the "very high" category. If they have problems in the "very high category" those problems appear to be more severe than we find in 95 out of every 100 children.

The rating is only a rough guide. A high rating can be a "false alarm", so you need to use your own judgement. Not all difficulties need treating. Some difficulties get better by themselves, particularly if they are mild or if they have only been there for a short time. It's not "all or nothing".

Most strengths and difficulties lie on a spectrum. There will be children at each end of the spectrum, but most children will fall somewhere in between. Sometimes this results in difficulties that are subtle and severe at the same time. They are subtle enough that people outside the family often think that everything is fine; and yet severe enough for the child's life to be seriously affected by their difficulties.

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## YOUR QUESTIONNAIRE RATINGS

### Development and Wellbeing Assessment (DAWBA)

The Development and Wellbeing Assessment (DAWBA) collects information about a range of common behavioural and emotional difficulties of childhood, and analyses this information to produce a report of possible disorders of clinical significance.

#### Your child's ratings:

- **HIGH** for troublesome behaviour
- **VERY HIGH** for problems with language, routines, play, and social ability
- **HIGH** for over-activity and attention difficulties
- **HIGH** for fears and worries
- **Close to average** for obsessions or compulsions
- **Close to average** for unusual movements or possible tics
- **Slightly raised** for low mood and loss of interest
- **Close to average** for feeding difficulties
- **Close to average** for sleep difficulties
- **Close to average** for difficulties with toilet training

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## YOUR DAWBA QUESTIONNAIRE RESPONSES

This is a summary of your answers from the open text boxes in the DAWBA questionnaire.

SAMPLE

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## Open-Ended Comments

youthinmind

Dawba ID: 222984

Details: Paddington Bear, 8 years old, Male

>> Open-ended comments: Mother

### Background information

#### **Informant's description of other medical problems**

Paddington Bear has global developmental delay. He has speech and language problems, he also wears glasses, not so much now. He has had a squint in the past. He has anger problems and they often cause outbursts which interfere with school work and socialising.

#### **Description of the stress**

Paddington's only friend at school has found a new group of friends to spend his time with, which has isolated Paddington. He often gets quite frustrated and upset about this.

#### **Family composition**

Ruby (mother), Roy (step-father), Jacob (age 13, brother), Evie (age 5, half-sister)

#### **How index child gets on with rest of family**

He loves his little sister dearly and worries about her a lot. When Paddington gets frustrated, he often takes it out on Roy which can cause tension. He fights with his brother quite a lot, but they have occasions where they will play nicely together.

#### **Also lives with:**

No

#### **Family stresses**

Roy is struggling to get permanent work at the moment which has caused some financial strain.

#### **Problems that run in the family**

My brother was diagnosed with Asperger's when he was 7.

#### **Housing and neighbourhood stresses**

Paddington shares a bedroom with his older brother which he doesn't like. Sometimes he gets angry about it, but not as much as he used to.

#### **Other family factors**

No

#### **Family strengths**

We have a strong family bond, we are all very supportive of Paddington. We spend as many weekends together as possible, and try to do activities such as football and swimming.

#### **Mother's occupation**

Support Worker

#### **Father's occupation**

Electrician

#### **Other comments on employment and occupation**

Roy is currently struggling to find full time work

#### **Mother's country of birth**

England

#### **Father's country of birth**

England

#### **Child's country of birth**

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Dawba ID: 222984

Details: Paddington Bear, 8 years old, Male

England

### **Informant's description of learning difficulties**

Paddington Bear is on the pathway to an autism diagnosis, and finds it especially hard to learn maths. He finds it hard to attain information and often loses concentration easily. He can become very frustrated.

### **Current help at school**

Some 1:1 teaching at school but not enough. The teachers try and integrate Paddington into the mainstream classroom. Twice a week he is also given extra support in a small group of peers with a similar level of learning.

### **What extra help is needed?**

He needs a formal diagnosis of autism so that Paddington can get the help that he really needs at a specialist school.

### **Autism spectrum disorders**

#### **Concerns about earlier development**

Paddington has speech and language problems, he is particularly slow when speaking. Sometimes he repeats words a lot. Due to his need for routine, if someone interrupts these then he can become angry. He finds it hard to understand other peoples' emotions and facial expressions.

#### **Current concerns**

Paddington has difficulty making and maintaining friendships

#### **Description of rituals**

Routines can be the same for months at a time and can cause distress. His dinner time routines have been the same for as long as I can remember.

#### **Previous label? Who gave it?**

No, but is suspected to be ASD.

#### **Any help?**

School teacher has spoken to him to help him.

### **Specific Phobias**

#### **Description of the problem**

Has a constant fear of other people looking at him. It is the same with animals

#### **How often?**

Every day

#### **How severe?**

Full meltdown which can lead to physical attacks, crying uncontrollably

#### **Interfering with quality of life?**

Can affect his daily routines and can stop him from doing things that he wants to do

#### **Done anything about it?**

Tried to encourage him to communicate but we cannot force him into situations

### **Social Phobia**

#### **Description of the problem**

He does not like to enter social situations as he feels that people will laugh at him or will not like him. Therefore he avoids social situations, particularly with children.

#### **How often?**

Every day

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Dawba ID: 222984

Details: Paddington Bear, 8 years old, Male

### **How severe?**

Can cause in meltdowns and temper tantrums, shouting

### **Interfering with quality of life?**

He is unable to make new friends

### **Done anything about it?**

At first we tried to slowly ease him into social situations, for example bringing a couple of family friends around the house hoping that he could get used to it. But this has made things worse.

### **Generalised Anxiety**

#### **Description of the problem**

He worries about people not liking him and him having no friends

#### **How often?**

He can get very sad or frustrated

#### **How severe?**

Temper tantrums, crying fits, scratching his skin

#### **First started?**

The last year. More so since his friend no longer plays with him

#### **Interfering with quality of life?**

Makes it hard for him to make new friends as he is worried that people don't like him

#### **Done anything about it?**

Tried to console him and calm him down. I have told a teacher, but no luck so far.

### **Depression**

#### **Description of the problem**

He can get very upset when he cannot do something

#### **What else has changed?**

Blames himself for not having any friends, he scratches his skin a lot when he thinks or talks about it. He has no self confidence.

#### **How often?**

Some of the time

#### **How severe?**

Excessive crying and skin scratching

#### **When did it begin?**

When his friend wouldn't play with him anymore

#### **Trigger?**

Losing his friend

#### **Similar episodes in the past?**

No

#### **Ever gone 'high'?**

No

## Open-Ended Comments

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Details: Paddington Bear, 8 years old, Male

### **Interfering with quality of life?**

Yes because it causes pain

### **Done anything about it?**

I have booked an appointment to see the GP.

### **Attention and Activity**

#### **Description of the problem**

Paddington has difficulty concentrating and he acts impulsively

#### **How often?**

Most days

#### **How severe?**

Can result in meltdowns and attacks

#### **First started?**

Since he was 3

### **Interfering with quality of life?**

Causes him to struggle in the classroom

### **Done anything about it?**

No

### **Conduct/Oppositional**

#### **Description of the problem**

Mainly to his routines, when he is unable to complete them he becomes very agitated and starts to cause trouble.

#### **How often?**

A couple of times a day.

#### **How severe?**

On one occasion he had a bit of a meltdown that became serious when we were on the way to school, he started hitting me violently when he could not count all of the steps on a stairs we went down.

#### **First started?**

Since about 4.

### **Interfering with quality of life?**

His constant need to have certain routines can cause him to get quite upset and alter his mood for a long time which makes me think he is becoming depressed.

### **Done anything about it?**

Mostly I just try to calm him down, but lately I have felt slightly helpless and unable to stop him when he gets very worked up and starts shouting.

### **Description of other strengths**

Paddington is a caring and loving boy, and he makes us laugh. He is unique and wonderful, affectionate to those he loves and he is great company. We love him to pieces. When he is in a really good mood we can have a lot of fun as a family, playing games and activities together.



# iMAGINE iD

Intellectual Disability and Mental Health:  
Assessing Genomic Impact on Neurodevelopment

Institute of Child Health  
University College London  
30 Guilford Street  
London, WC1N 1EH

## WHAT NEXT?

### Learn More

There are many good resources out there, covering everything from practical advice to inspiring stories. We've put together a list of resources that we think you might find useful below.

Please note that these websites are run by independent organisations and as such, we do not take any responsibility for their content.



**Unique** Charity provides support for individuals with rare chromosome or rare genomic disorders and their families. We recommend their disorder-specific information guides, which are family-friendly and medically-verified.  
[www.rarechromo.org](http://www.rarechromo.org)



The **Genetic Disorders UK** charity is a source of information and support for both those affected by a genetic disorder, and the charities and patient groups that support them.  
[www.geneticdisordersuk.org](http://www.geneticdisordersuk.org)



The **Genetic Alliance UK** charity produces booklets about genetics and genetic testing.  
[www.geneticalliance.org.uk](http://www.geneticalliance.org.uk)



The **FIND Resources** website summarises findings from research studies into genetic syndromes.  
[www.findresources.co.uk](http://www.findresources.co.uk)

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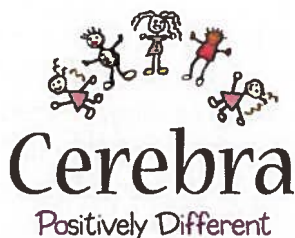


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Intellectual Disability and Mental Health:  
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The **Cerebra** charity provides health and social care information for children with neurological conditions. Their guides for parents section contains booklets on a variety of topics ranging from Educational Health Care Plans to transitioning to adult services.  
[www.cerebra.org.uk](http://www.cerebra.org.uk)



**Contact a Family** is a national charity for families with disabled children. They provide information, advice and support.  
[www.cafamily.org.uk](http://www.cafamily.org.uk)



The **Challenging Behaviour Foundation** charity supports people with severe learning disabilities whose behaviour challenges.  
[www.thecbf.org.uk](http://www.thecbf.org.uk)



**Mencap** works with people with a learning disability to change laws, challenge prejudice and support them to live their lives as they choose.  
[www.mencap.org.uk](http://www.mencap.org.uk)

## Boosting the positive

How could you encourage positive behaviour? Most parents find that simply telling their child to be nicer doesn't work. Often it is more helpful to notice when they do kind and helpful things and then praise or thank them. (But don't go to extremes - praise won't work if it embarrasses them or sounds as though you don't mean it.) And, of course, young people learn by example, so you and the rest of the family can be on the lookout for opportunities to be kind and helpful to them.

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## Share your report

If you are still concerned, is there someone you could ask whose opinion you would trust? This report could help you explain your concerns and ask for advice – for example, you might want to show this report to a family member, to your school or to your doctor.

## Stay in touch

We will keep you updated about the study's progress with our online Research Newsletters. For live updates please follow us on social media. If you have any questions please don't hesitate to contact us on [ich.imagineid@ucl.ac.uk](mailto:ich.imagineid@ucl.ac.uk) or ring us on 0207 905 2168.



[www.facebook.com/imagineid.study](http://www.facebook.com/imagineid.study)



[www.twitter.com/imagineidnews](http://www.twitter.com/imagineidnews)



<http://www.imagine-id.org>

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