



## Dimensions of Health and Wellbeing - Children and Young People Accessible version launched December 2023

## Successes to celebrate.

The Dimensions of Health and Wellbeing is owned and led by our community. As part of our review of the Dimensions we used a neurodiversity affirming approach - using positive reaffirming language, e.g. 'skills' not 'deficits', 'support needs' not 'weaknesses'. Celebrating the strengths and diversity of our community.

This was achieved through collaboration and coproduction - clinicians, professionals and Experts by Experience (EBEs) working together to deconstruct the old Dimensions language, to instead use the language of choice for the community, celebrating ability not disability, enabling, empowering and ensuring inclusion and belonging.

## Why did we change the Children and Young People Dimensions?

Autism is currently understood by a profile of differences across several domains compared to the non-autistic population (such as differences in social communication style, perception and sensory experience). These differences can vary significantly in terms of how they affect an autistic person's functioning across their lifespan and may lead to individual and fluctuating support needs and disability.

It is important to highlight/consider that a person is disabled not solely by their individual differences but often exacerbated by environmental demands. This means that individuals have varied and fluctuating differences and support needs, which can impact on the workplace, education setting and everyday functioning.

The priority for us was to move away from the person being seen as the problem or being referred to as needing to be cured/fixed. We wanted to incorporate strengths rather than a list of problems. The person's profile can still help to identify support needs and can guide people who support them to consider if onward referrals to specialist services are needed, at this point completing referral forms and exploring service criteria may guide further decision making. It is then the for the specialist services to gather more specific clinical information to determine the correct assessment, support and/or intervention.

Completing the Dimensions with someone can help to generate conversations and will pull out their unique experiences.

## What did we change?

Old Dimension	New Dimensions	Explanation
Flexibility	Transitions and	We changed flexibility to be wider and include
	Managing Change	transitions. We understand that neurodivergent people
		may struggle with change, however with the right
		support this is easier for them. Again, we do not want to
		appear to say the person is 'inflexible' instead we want
		to understand how they cope/manage with change and
		transitions in order for them to be supported.
Gender	Self and Identity	We extended Gender identity to be wider consideration
Identity		about self and identity as we are aware of the many
		parts of what influences a person's sense of identity and
		their sense of belonging.
Friendships	<ul> <li>Relationships</li> </ul>	We removed this as our neurodivergent community
	·	shared with us that they want friendships and enjoy
		healthy friendships, particularly when around people
		who adjust their communication style or have similar
		communication and interaction styles.
Offending	Safety and Risk to Self	We have now included in safety and risk to self or others
Behaviour	or Others	as it was too limiting and didn't capture the level of risk
		to the person and others.
Family	• Finances, Housing	Has been removed as factors are now included in finance
Situation	and Accommodation	and housing, relationships and supportive environments.
	<ul> <li>Relationships</li> </ul>	This is because family situation can be due to other
	• Supportive	factors which weren't captured before.
	Environments	
Attention and	Thinking and Memory	We wanted to consider wider aspect of 'executive
Concentration		functioning' but didn't want to use this term. We have
		included differences in attention and concentration in
		the 'thinking and memory' Dimension.
Learning	Thinking and Memory	We have removed this as it wasn't felt to add to what
Difficulty		the Dimensions captured. We are planning on creating a
		set of Dimensions for people with a learning disability
		which will be helpful. Also, this previous Dimension
		covered aspects that are now captured in the 'thinking
		and memory' Dimension.
Problem	Thinking and Memory	This has been removed as a separate Dimension,
Solving and		problem solving is now part of the 'thinking and
Managing		memory' Dimension, capturing wider executive
Stress		functioning differences. Managing stress is now covered
		in other Dimensions such as 'coping with emotions'.

Difficult Experiences and Adversity	<ul><li>Traumatic Experiences</li><li>Loss and Grief</li></ul>	This has been changed to traumatic experiences in order to capture how people refer to their experiences and we have added a new Dimension to cover loss and grief.
Using the Toilet	Activities of Daily     Living	This has been replaced with 'activities of daily living' as we understand people may find other things such as washing and dressing tricky so this allows more areas to be considered and will facilitate a more detailed conversation to unpick the specific areas of support.
Managing Impulses and Urges	<ul><li>Addictions</li><li>Safety and Risk to Self or Others</li></ul>	This has been removed as we felt that some of this needed to be captured in the new 'Addiction' Dimension and also the new 'safety and risk to self or others' as this would include tics (those which cause self-injury).
Connection with the Community	<ul><li>Hobbies and Interests</li><li>Supportive Environments</li></ul>	This has been included in 'Hobbies and interests' and this is also part of the supportive environments Dimensions.
Behaviour	<ul> <li>Social         Communication Style     </li> <li>Coping with Emotions</li> <li>Worrying and Anxiety</li> <li>Mood</li> <li>Supportive         environments     </li> </ul>	This has been removed as we believe behaviour is either a form of communication or in response to an unmet need. This would then be highlighted in 'social communication style', 'coping with emotions', 'anxiety', 'mood' and 'supportive environments'.
Eating	Eating	We have expanded the eating Dimensions to cover eating habits and thoughts and feeling about eating and food.

If you are curious about neurodevelopmental conditions such as Autism and ADHD you may see profiles where there are higher support needs in a combination of the following Dimensions.

Autism Characteristics	ADHD Characteristics
<ul> <li>Coping with Emotions</li> </ul>	Coping with Emotions
<ul> <li>Relationships</li> </ul>	Education, Training or Work
Self and Identity	<ul> <li>Relationships</li> </ul>
<ul> <li>Sensory Responses</li> </ul>	<ul> <li>Safety and Risk to Self or Others</li> </ul>
<ul> <li>Social and Communication Style</li> </ul>	Sensory Responses
<ul> <li>Transitions and Managing Change</li> </ul>	• Sleep
<ul> <li>Thinking and Memory</li> </ul>	Social and Communication Style
<ul> <li>Worrying and Anxiety</li> </ul>	Thinking and Memory