

## How GIRFEC worked for Peter



The national practice model guided professionals through a single agency assessment

### **Peter was due to start nursery when his mum got in touch to tell them she was worried about his communication skills...**

Peter's mum was concerned that he might not be ready for nursery. She told the head of nursery that she had spoken to the public health nurse who had advised on activities to encourage speech and social development – but she was still worried.

The head of nursery said she felt Peter should start nursery as planned, but that they would watch him carefully during his settling-in period. She also asked his mum for consent to speak again to his named person, the public health nurse, about her concerns. This early connection allowed the nursery staff to:

- Develop a relationship with Peter's mum
- Focus on Peter's social and emotional communication skills for his age and stage of development
- Recognise that Peter's mum had already tried to find a solution
- Ensure a positive transition for Peter by keeping closely in touch with his named person (the public health nurse)

The [national practice model](#) guided professionals through a single agency assessment. This was quite brief but created a clear picture of Peter's strengths and difficulties.

There was good evidence that Peter had consistent, caring adults regularly responding to his needs – this meant he was safe and nurtured. He was physically healthy and confidently enjoyed most aspects of physical play at the nursery – this confirmed that he was appropriately active. Peter was more reluctant to play with other children or make a lot of noise – he needed encouragement to interact with his peers. However, he demonstrated potential to achieve with his abilities in numbers, letters and IT, while struggling more with oral communication and appropriate verbal responses.

The nursery could see that Peter was isolated and tended to focus on the activities he could cope with, avoiding those he couldn't. This meant he wasn't fully included. Peter was more co-operative when he had his comfort toys.

Experienced nursery staff suspected Peter's difficulties might be related to autistic spectrum disorder. At this point, the public health nurse took on the role of lead professional (as well as being Peter's named person). The nursery gave her all the information they had gathered and she co-ordinated further support from a speech and language therapist and a community paediatrician. But this support did not lead to a significant improvement in outcomes for Peter. So the public health nurse carried out an assessment using the 'my world triangle' and, with consent from Peter's mum, sent this to the local, multi-agency team responsible for children with disabilities. The team arranged an assessment from the autism diagnostic service who confirmed a positive diagnosis of autism.

This meant that education and public health professionals were able to work together to get the right help for Peter as early as possible. They built on the positive indicators of his well-being and involved his parents in areas where he needed support. They also agreed that now Peter was at the nursery, it made most sense for his lead professional to be the head of nursery, who had day-to-day contact with him, could monitor his progress and ask for any help they needed. The public health nurse remained as Peter's named person.

Peter's mum was happy that his difficulties had been carefully assessed and that everyone had a clear idea how to the development of his well-being. The autism assessment helped everyone better understand and support Peter's needs, particularly his sensory triggers and his social, emotional and communications difficulties. This meant they could begin work on an integrated assessment and child's plan for Peter.

From the Scottish Government website

<http://www.gov.scot/Topics/People/Young-People/gettingitright/resources/case-studies/peter>