



## TOP TIPS FOR SMART PLANNING

Whatever goals we have in life, we always need a plan as to how we are going to get there. In the work we undertake with children and families, it is exactly the same.

Our plan needs to be S.M.A.R.T.

**Specific** – Describe each of the child’s needs as precisely as possible. *Don’t use universal terms* (e.g “Emily needs to fulfil her educational potential” because so do all children). Don’t say “Emily’s house needs to be clean”, as your view of cleanliness may be different to Emily’s parents’. If you say “The living-room carpet needs to be hoovered three times a week” or “The work surfaces in the kitchen need to be wiped down after each meal has been prepared” then we are all clear. *Don’t use service terms* (e.g. “Emily needs to be referred to CAMHS” because this is an ACTION not a NEED. “We need to understand why Emily hurts herself by cutting her arms when upset” and “Emily to be helped to deal with upsets without hurting herself” are specific to Emily’s need.

**Measurable** – If an outcome is not measurable, how are we going to evidence progress? If we write in a plan “John needs to have age-appropriate self-care skills”, how can we measure this? What would John and his family understand by this? “John needs to brush his teeth for two minutes every morning before he goes to school and every night before he goes to bed” is much clearer. In a similar way “Sam’s school attendance needs to improve” could be better worded as “Sam’s attendance will improve from 58% to above 92% during the Summer term”.

**Achievable** – The outcomes should not be out of reach and therefore set the child and family up to fail. Neither should they be less than “good enough”.

**Realistic** – The outcomes must represent objectives that the parent/carer is willing and able to work towards. (If Daisy’s father is an alcoholic, how realistic is it to put in a plan “Mr Smith will stop drinking alcohol”? What we might say is that “Mr Smith will be sober (alcohol-free) at the times he has sole care of Daisy” or “If Mr Smith has been drinking, then Mrs Smith will leave Daisy in the care of Mrs Jones, Daisy’s maternal grandmother, when she goes to work”.

**Time-scaled** – There need to be definitive timescales for completion and these must be within the child’s timescale, not ours! (In cases of neglect, how do we know when enough is enough?)



Within Children’s Social Care, we have three boxes for our plans...

1. **REASON FOR ACTION.** This captures each of the child’s specific needs. When prioritising needs, think about the **IMPACT** on the child if this need continues to be unmet.
2. **REQUIRED ACTION.** What has to happen in order to meet the identified need above? What will things look like when that need is met?
3. **WHO WILL DO THIS AND WHEN.** Be clear as to who is responsible for the action. Avoid job descriptions, such as “health visitor”, “schoolteacher” etc and name the person instead. This then gives clear accountability in Child in Need Reviews, Core Groups etc. (If we just say “schoolteacher” and there is a SENCO, Form Tutor and Head of Year all involved, we need to be absolutely clear as to who is being tasked with what and when this piece of work needs to be completed by.

A simple example of one action in a plan might be....

REASON FOR ACTION	REQUIRED ACTION	WHO WILL DO THIS & WHEN
Jimmy needs his eczema managed, so that it is causing him as little discomfort as possible.	Jimmy needs to be seen by his G.P.	Jimmy’s mother will make an appointment for him to be seen by his G.P. within the next five days.

Plans are in need of constantly being updated. The above is an example of the first steps up the ladder. Once the G.P. has a treatment plan in place e.g. mother needs to use a certain moisturiser when bathing Jimmy each day and apply a certain cream four times each day, then this can be added into the plan and the action above removed (because it’s completed).

When putting a plan together, think about the “quick wins”. (The feedback from the Government’s “Troubled Families” agenda from parents was that they wanted things that were more easily achievable at the top of the plan, as, if they could achieve these, it motivated them to address the more challenging issues).

When working with multiple complex family issues, think about what the child’s *most pressing* needs are at this time and start with them. What are our biggest concerns?



## OUTCOMES

Outcomes should be stated in the positive i.e. what is wanted, rather than what is not wanted. Parents respond better if asked to achieve some future positive, rather than “stop” some past negative e.g. “managing behaviour without hitting children” is better than “stop hitting children as a punishment for bad behaviour”. When setting outcomes, picture what the better care will look like – what would you see, hear, smell etc.? If you’re struggling, consider what the opposite of current poor care would be.

When working with cases of domestic abuse, you might want the perpetrator to attend eight sessions with a dv project. However, just because he/she attends, that doesn’t necessarily mean anything. They could just attend the sessions to “tick the box”. If your measurable outcome is “Mr Brown will be able to explain to me the detrimental impact that domestic violence can have on his son’s physical and emotional wellbeing” then you have a measurable outcome that has a positive impact for the child.

## THREAT OR HONESTY?

In my experience, parents and carers are more appreciative in the longer-term of practitioners who are totally honest and transparent. They may not like the message but they need to know what the potential consequences are if they are unable to achieve the required changes specified within the child’s timescale. This in itself may be a motivator to change.

## KEEP IT SIMPLE!

Always ask the children and their parents if they understand what is written down in their plan. If they can’t understand what is being asked of them, how are they going to make progress? Take out anything that is not going to address any of the key risks/areas of concern.

## WORDS TO AVOID IN PLANS

There are some words that are best avoided in plans, because they don’t actually mean anything! Examples of this are “appropriate” (in who’s view?), “ongoing” (remember what we said about definitive timescales), “monitor” (we need to be purposeful and monitoring is not a purposeful activity) and “support” (I would tear my hair out, if I had any, every time I see this word in a plan! It’s a superficial word and we need to dig deeper). Also, as stated earlier, try and avoid subjective terms like “clean and tidy”.