

SMART PLANNING IN DEVELOPING THE CHILD'S PLAN: SOME TIPS –

SMART = S specific M measurable A achievable R realistic T timely

Outcomes: where possible, an outcome should be stated in the positive i.e. what is wanted – rather than what is not wanted

Whichever planning 'framework' you use, plans will not be smart if the outcomes you want are not clear enough. An outcome is the positive thing we want a particular child to have or experience as opposed to the negative thing that is happening now. The outcome should describe what that good thing will be. Parents respond better if asked to achieve future positives rather than 'stop' some past negative e.g. the children will 'arrive on time for school' is better than 'stop arriving late for school'. When setting outcomes, picture what the better care will look like – what would you see, hear (smell?). If you're struggling, write down the opposite of current poor care. Turn these into outcomes.

Specific start by describing this particular child's needs as precisely as possible. Avoid clichés or describing needs using 'universal' terms eg "X needs to reach his full potential". All children need that. Do not describe needs in 'service terms' eg 'X. to be referred to CAMHS' is not enough. This is an action not a need. If the purpose of the referral isn't clear the 'plan' will fail. The need might be 'everyone to understand why X hurts herself when upset by cutting her arms and for X to be helped to deal with upsets without hurting herself'. Action would be, refer to CAMHS. Use plain language not jargon. Real example 'there are ongoing concerns about neglect of X who has suffered poor hygiene and presented at school hungry and wearing inappropriate clothes. He has little bedding which is also dirty. Perhaps list as X needs to have clean hair, teeth and skin every day -X needs to wear clean clothes every day. These should be the right clothes for the weather, including shoes - X needs to have breakfast lunch and evening meal every day - X needs to sleep in a clean bed every night with enough clean covers to keep him warm.

Measurable understandably, workers struggle with some things that aren't easily measured in numbers. 'Jimmy to have 100% school attendance' is easily measured. Measuring whether a child is less neglected or emotionally abused is harder. But, again, consider what is it that the child witnesses, says and does that is worrying? For those that can't be measured numerically, work out what opposite 'good' things the child might witness say or do and choose those as your measures. Example: 8 year old witnessing ongoing physical DV from Dad to Mum. Child herself looks anxious, is aggressive with classmates, drew 'worries' of Dad hitting mum. Measurable might include child will say she hasn't seen or heard Dad hit Mum. This

can be counted (= 0). 'Softer' measures could include she is less aggressive in class and describes 'normal' 8 year old anxieties.

Achievable and Realistic - these are basically the same. Plans should not require parents to provide more than 'good enough' parenting. In law good enough is the type of care that 'could be reasonably expected of a parent of a similar child'. This means what level of care would most children of a similar age get from a reasonable parent and how would most such children present

Timely – changes should happen in a timescale that meets the child's needs, i.e. if there is a medical issue it is reasonable to expect the parent to make an appointment within a day. If a specialist assessment needs to be completed it may be reasonable to expect that assessment to be completed within 12 weeks. Make sure you've agreed deadlines!

Miscellaneous no column in the plan, including 'needs' columns should have 'narrative'

Always ask parents and, as appropriate, children if they understand what's written down in the plan.

Don't over-complicate plans. Weed out any need or action that will not address the key risk or need.